PO Box 1765
Wabasca, AB T0G 2K0

WABASCA/DESMARAIS HOUSING AUTHORITY

TEL: (780) 891-2985
FAX: (780) 891-2919

APPLICATION FOR ACCOMMODATION-COMMUNITY HOUSING

PLEASE CAREFULLY READ INSTRUCTIONS FOR COMPLETING APPLICATION

Complete ALL questions and supply ALL requested information. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information you would like us to be aware of.

YOU WILL BE REQUIRED TO PROVIDE THE FOLLOWING:

- ☐ Photocopy of government issued identification
- ☐ Income and Employment verification filled out by employer for each working member in your family stating the rate of pay, number of hours worked per week, total earnings and commencement date of current employment
- ☐ Tax Return-Income Assessment document from Revenue Canada Line 150
- ☐ If you or any member of your family is receiving Social Assistance, a signed letter from your social worker must be attached verifying the amount of the benefit.
- ☐ Any documents to verify all other sources of income
- ☐ A copy of your most recent cheque stub, benefit cheque stub, pension cheque stub for each member of your family receiving income from other sources
- ☐ If you are a student, a letter from the registrar's office of your school verifying your registration as a full time student and stating the amount received for Student Allowance. This is required for household head, spouse and all dependents over the age of 22 years
- ☐ If you are treaty status and have applied for housing on the reserve, a signed letter from the band housing must be attached stating your application has not been approved
- ☐ A copy of your current rental agreement at current location
    - A copy of your current rent receipt and Utility bill receipt
- ☐ If you have been given a "NOTICE TO VACATE", submit a copy of the notice stating the reasons for EVICTION from your current residence
- ☐ Applicants with past debts with WDHA will not be accepted until all debts have been paid in full.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED, ALL THE REQUIRED INFORMATION IS ATTACHED AND THE APPLICANT SIGNS THE APPLICATION

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Confidential

PLEASE ANSWER ALL QUESTIONS AND SIGN THE APPLICATION

PLEASE PRINT:

1. **Applicant:** _____
(Last Name) (First Name)

Date of Birth_____ Age:_____

Home or Cell Phone:_____Business Phone: _____

Address:_____
P.O Box Number Town Postal Code

Email Address_____

Emergency Contact Name_____ Phone #_____

Relationship to Applicant:_____

2. **Co-Applicant**: _____ _____
(Last Name) (First Name)

Date of Birth_____ Age:_____

Home or Cell Phone:_____Business Phone: _____

Emergency Contact Name _____Phone #_____

Relationship to Co-applicant:_____

3. Applying for what location: Please circle

Wabasca Sandy Lake Calling Lake Red Earth Creek

4. Marital Status: Single ☐ Married ☐ Widowed ☐
Divorced ☐ Separated ☐ Common-Law ☐

5. Are you a Canadian Citizen? No ☐ Yes ☐

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6. Treaty Status: Yes ☐ No ☐ Do you live on Reserve? Yes ☐ No ☐

Where (which reserve)? _____

7. Have you applied for Band Housing? No ☐ Yes ☐ Date applied: _____

8. Have you ever received any Social Housing assistance in the past? No ☐ Yes ☐
Examples: REHP (Alberta Housing Trailer), RAHP, Community Housing, WDHA trailers.
When did you receive this home? _____

9. Did you and/or spouse apply for housing with another agency? No ☐ Yes ☐

10. How long have you lived in the community? _____

Did you own a home before: Yes or No and if yes, what happened to it?

_____

11. List all persons, ***including yourself*** who will be living with you should your application be approved.

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE	OCCUPATION OR SCHOOL GRADE

12. Is a baby expected? No ☐ Yes ☐

If yes, give estimated due date: _____

13. Present Accommodation:

Where is your present accommodation? _____

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14. Current Accommodation: Type of heat? Furnace ☐ Wood Stove ☐

Other: _____

15. Do you own or rent your present accommodation? No ☐ Yes ☐

Present rent or house payment is $_____ per month, plus $ _____ for heat, $ _____, $ _____ for power, and $ _____ for water & sewer.

16. If renting, name of present Landlord: _____

Address: _____

Phone No.: _____

17. If you do not pay rent, do you contribute financially? No ☐ Yes ☐

If yes, please attach a letter from whom you are staying with and provide the exact amount contributed monthly.

18. Do you share your present accommodation? No ☐ Yes ☐

Number of Adults: _____ Number of Children: _____

19. Rooms in your present accommodation:

Kitchen ☐ Living Room ☐ Dining Room ☐

Number of Bathrooms: _____ Number of Bedrooms: _____

20. Any defects in your present accommodation: A. Roof: _____

B. Interior: _____

C. Floor: _____

21. Two references from past Landlords: 1.Name _____

Phone #_____

2.Name _____

Phone #_____

22. Is any member of your family physically handicapped? No ☐ Yes ☐

If yes, please specify: _____

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Do you require a handicapped unit? No □ Yes □

23. Do you have a pet? No □ Yes □

If yes, what kind(s) and how many of each?_____

24. Do you have content insurance? Yes or No, if No why not?_____

_____

25. ASSETS:

Cash on hand: $ _____ Cash in Bank: $_____

Stocks, Bonds, Mutual Funds, etc.: $_____ Other Assets: $_____

NOTE: Essential personal and household effects such as clothes, furniture, vehicles are not included as assets

26. STATEMENT OF INCOME

NOTE: ALL INFORMATION REGARDING YOUR FAMILY'S INCOME MUST BE COMPLETE AND ACCURATE. PROVIDE DETAILS OF CURRENT EMPLOYMENT HELD IN THE LAST TWELVE (12) MONTHS (*BEGIN WITH THE MOST RECENT*).

Applicant's Name:_____ Social Ins. No.: __ __ __/__ __ __/__ __ __

Company Phone#	Employed From	Employed To	Rate of Pay Gross Monthly	Rate of Pay Hourly Rate	Hours Per Week

(Please Print)

Co-Applicant or Spouse:_____ Social Ins. No.: __ __ __/__ __ __/__ __ __

(Please Print)

Company Phone#	Employed From	Employed To	Rate of Pay Gross Monthly	Rate of Pay Hourly Rate	Hours Per Week

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Have you received any other sources of income in the past Twelve (12) months? (Please indicate if NOT APPLICABLE by writing N/A)

Source of Income	Member in Receipt	Received From/To	Monthly Income
A. Student Grant/Allowance			
B. Unemployed Insurance			
C. Worker's Compensation			
D. Social Assistance			
E. Other Income			
F. Pension Department 1. Department of Veteran Affairs			
2. Old Age Security			
3. Canada Pension (Retirement, Widow & Orphan Benefits)			
4. Guaranteed Income Supplement			
5. Alberta Income Supplement			
6. Company or Group Pension			
7. Disability			
H. Income from Self-Employment			

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27. Please feel free to describe your present accommodation and any information you would like the Wabasca/Desmarais Housing Authority to be aware of. This space is provided for you to explain your reasons for applying for Community Housing and will assist us in the approval of your application.

_____

_____

_____

_____

_____

_____

_____

_____

I understand that this application does not constitute an agreement on the part of the Wabasca/Desmarais Housing Authority, or its agents, to provide me with rental accommodation.

I hereby authorize Wabasca/Desmarais Housing Authority or its agents to investigate any or all of the statements made herein, being fully aware that the discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obliged to advise Wabasca/Desmarais Housing Authority or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I also agree that the information provided by me pertains to all persons named within this application.

_____ _____
(Applicant Print) (Signature)

_____ _____
(Co-Applicant Print) (Signature)

Please be advised that we only keep applications active for one year . If after one year you still have not received Community Housing, you will be required to reapply.