



814 -1st Street N
PO Box 337
Three Hills, AB T0M 2A0
(403)443-5216
Fax: (403)443-5271
www.kneehillhousing.com

GENERAL INFORMATION for Community Housing Units, Three Hills, AB

1. Rent is set by the Alberta Government and is 30% of total household income. The 2017 maximum rent for a 2 bedroom unit is \$845 and for a 3 bedroom unit is \$987. The current Notice of Assessment and, if applicable, proof of income support must be provided. Rent can be based on monthly pay stubs if the income varies each month.
2. Heat, water, sewer and garbage charges are included in the rent. The tenant is responsible for electricity, cable TV, phone and internet. The tenant must set up an account with an electricity provider and will be billed directly for the electricity.
3. #810 and 824 are 2 bedroom suites, #812-822 are 3 bedroom suites. The bedrooms and the bathroom are located on the second floor. On the main floor are the kitchen, living room/dining room and storage area where there are hook-ups for washer & dryer. Fridge and stove are supplied in each suite. Tenant is responsible for their own washer/dryer.
4. Before moving in a security deposit, equivalent to the first month's rent, is required, refunded upon vacancy as per Lease Agreement signed when becoming a tenant. A one month notice to vacate is required, given on or before the 1st day of the month effective the last day of the month.
5. No pets are allowed in the units or on Kneehill Housing property.
6. No smoking in the building. The tenants and their guests must smoke outside.
7. Each tenant is responsible to do their own yard work, which includes weeding, mowing the lawns, cleaning up leaves and snow removal on sidewalks.
8. The complete application is assessed and you will be notified if the application has been approved or not approved. A Point Score Rating Form is used to evaluate which applicant is in greatest need. Any changes to the information on the application must be reported to the Housing Coordinator.



814 -1st Street N
PO Box 337
Three Hills, AB T0M 2A0

(403)443-5216
Fax: (403)443-5271

Dear Prospective Tenant:

Please find enclosed the application form for Family & Community Housing in Three Hills. The following list of documents form a complete application:

- Application form – The Housing Coordinator is a Commissioner for Oaths and will commission your application free of charge.
- A copy of the most recent “Notice of Assessment” for **each** member of the household that is 15 years of age and older.
- A document or cheque stub proving the receipt of any type of Income Support for each household member that is a recipient, if applicable.

Once your application is completed, please arrange an interview with the Housing Coordinator. All the documents for the application should be brought to the interview at 814 -1 Street North, Three Hills, AB (the office is in the Golden Hills Lodge). If you have any questions or to make an appointment, please call Donna-Lynn at 403-443-5216.

Yours truly,

Donna-Lynn Ratzlaff
Housing Coordinator

This personal information is being collected under the authority of the Alberta Housing Act and its regulations and will be used to evaluate the need and eligibility for subsidized social housing. All information collected for this purpose will be kept confidential as per the Freedom of Information and Protection of Privacy Act.



814 -1st Street N
PO Box 337
Three Hills, AB T0M 2A0
(403)443-5216
Fax: (403)443-5271

APPLICATION FOR ACCOMMODATION-COMMUNITY HOUSING
PLEASE READ CAREFULLY

I understand that this is just an application and that it is not an agreement on the part of Kneehill Housing Corporation, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Kneehill Housing Corporation, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize Kneehill Housing Corporation, or its agents to investigate any or all of the statements made by me in this application, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise Kneehill Housing Corporation, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

Signature of Witness

Signature of Applicant

****TO BE COMPLETED BY THE COMMISSIONER FOR OATHS****

DOMINION OF CANADA IN THE MATTER OF THIS APPLICATION FOR DWELLING
PROVINCE OF ALBERTA ACCOMMODATION IN THE HOUSING PROJECT.

I, _____, of the _____ of
_____, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in this application;
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I have resided in the Province of Alberta for _____ years of my life and in the district for _____ years;

And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me
at the _____ of _____
in the Province of Alberta,
this _____ day of _____, 20 _____

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment expires on _____
Day/Month/Year

APPLICATION FOR ACCOMMODATION-COMMUNITY HOUSING PERSONAL INFORMATION

Applicant's Name: _____
(Last Name) (First Name)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Current Address: _____
Street/PO Box City/Town/Village Postal Code

Alberta Health Care No.: _____ S.I.N.: _____

Marital status: (circle) Married Widowed Single Divorced Separated Common-law

If Common-law or Separated, state how long: _____

HOUSEHOLD COMPOSITION

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 DAY/MON/YR	OCCUPATION OR SCHOOL GRADE

Is anyone in the household pregnant? (circle) Yes No If yes, give estimated due date: _____

Are you sharing any part of your current accommodation with person(s) not applying on this application?

(circle) Yes No If yes, how many additional persons not listed above? # adults # children _____

RESIDENCY

Do you own or rent your present accommodation: (circle) Own Rent

Is your present accommodation a: (circle)
 House Mobile Home Townhouse Apartment Motel/Hotel Shelter Shared Accommodation

Rooms in your present accommodation: (circle)
 Kitchen Living Room Dining Room Number of Bathrooms _____ Number of Bedrooms _____

How much do you pay for rent? \$	Lease expiry date:	How long have you lived there?
-------------------------------------	--------------------	--------------------------------

How much do you pay for electricity? \$	For gas (heat)? \$	For water? \$	Sewer, waste, recycling? \$
--	-----------------------	------------------	--------------------------------

Current Landlord name and phone #:

RESIDENCY

If you do not pay rent, do you contribute financially? (circle) Yes No

If yes, specify: _____

List 2 previous accommodation history prior to your current residence:	From	To
Address-including city	Month/Year	Month/Year
Address:		
Landlord name & phone #:		
Address:		
Landlord name & phone #:		

If currently renting, have you been given an eviction notice? (circle) Yes No

If Yes, Date and Time Effective: _____

Reason for Eviction: _____

EMPLOYMENT AND INCOME

List **all** sources of income, and monthly amounts, for everyone 15 years of age and older. Please attach proof of income. In all cases, state **GROSS** monthly income (before deductions).

1. Applicant Last Name:		First Name:	
GST \$	CCTB \$	AFETC \$	
Employer's Name:	(circle) Yes No Applied	Start Date	\$
AISH	(circle) Yes No Applied	Start Date	\$
Income Supports	(circle) Yes No Applied	Start Date	\$
EI	(circle) Yes No Applied	Start Date	\$
Child Support	(circle) Yes No Applied	Start Date	\$
Spousal Support	(circle) Yes No Applied	Start Date	\$
CPP	(circle) Yes No Applied		
Retirement Benefits		Start Date	\$
Disability Benefits		Start Date	\$
Survivors/Orphans Benefits		Start Date	\$
Student Income			
Grants, Bursaries, Scholarships, etc.		Start Date	\$
Loans		Start Date	\$
Other:	\$	Other:	\$
Previous Employer/Income:		Start Date	End Date
Previous Employer/Income:		Start Date	End Date
Describe Employment Skills and Trades:			
What is the highest level of education received?			

EMPLOYMENT AND INCOME

2. Applicant Last Name:		First Name:	
GST \$	CCTB \$	AFETC \$	
Employer's Name:		Start Date	\$
AISH	(circle) Yes No Applied	Start Date	\$
Income Supports	(circle) Yes No Applied	Start Date	\$
EI	(circle) Yes No Applied	Start Date	\$
Child Support	(circle) Yes No Applied	Start Date	\$
Spousal Support	(circle) Yes No Applied	Start Date	\$
CPP		(circle) Yes No Applied	
Retirement Benefits		Start Date	\$
Disability Benefits		Start Date	\$
Survivors/Orphans Benefits		Start Date	\$
Student Income			
Grants, Bursaries, Scholarships, etc.		Start Date	\$
Loans		Start Date	\$
Other:	\$	Other:	\$
Previous Employer/Income:		Start Date	End Date
Previous Employer/Income:		Start Date	End Date
Describe Employment Skills and Trades:			
What is the highest level of education received?			

ALL APPLICANTS:

If no income has been reported, indicate what resources you have accessed to possibly secure an income.

If you have applied for Income Support, AISH, and/or EI what is the status of your claim?

Are you currently searching for work? (circle) Yes No

ASSETS

List the value of the following assets that are applicable or state N/A if not applicable.

Type of Asset	Total Value	Total Income or Interest Received Per Year
Bank Accounts – Savings	\$	\$
Bank Accounts – Chequings	\$	\$
Equity in Real Estate	\$	\$
Guaranteed Investment Certificates(GIC)	\$	\$
Inheritance on Insurance Settlements	\$	\$
Mutual Funds	\$	\$
Net Worth of Business	\$	\$
Retirement Savings Plans (RSP)	\$	\$
Savings Certificate	\$	\$
Stocks or Bonds	\$	\$
Term Deposits	\$	\$

Do you own a House? (circle)	Y	N	Equity in House \$	Please attach a copy of your Mortgage Statement		
Do you own a Mobile home?	Y	N	Equity in Mobile Home \$	Please attach a copy of your Chattel Statement		
Do you own/lease a vehicle?	Y	N	Equity \$	Value \$	Monthly Payment \$	Year and Model
Do you own/lease a second vehicle?	Y	N	Equity \$	Value \$	Monthly Payment \$	Year and Model

CONTACTS

Please list Emergency Contact (Relative or Friend)			Please List your Social Worker/Counselor/AISH Worker			
Name:			Name:			
Address:			Address:			
Home Phone:		Cell Phone:		Phone Number:		
Relationship:			Type of Worker:			

REFERENCES

Please list three references (example: landlord, employer, clergy, volunteer work, etc.)* CAN NOT BE FAMILY *	
#1 Name:	Phone Number:
#2 Name:	Phone Number:
#3 Name:	Phone Number:

MISCELLANEOUS QUESTIONS:

Have you ever applied with Kneehill Housing Corporation before: (circle) Yes No

If yes, when? _____

Have you ever been a tenant with Kneehill Housing Corporation? (circle) Yes No

Do you have a valid driver's license? (circle) Yes No

Are you a Canadian citizen? (circle) Yes No If No, Attach a Copy of Immigration papers

Does anyone in your household have physical limitations and/or medical conditions that we should be aware of (for example, does anybody in the household require a wheelchair accessible suite)? (circle) Yes No

If yes, indicate the limitations/conditions _____

Is anyone in your household unable to do stairs? (circle) Yes No

Do you have any mental health issues that we should be made aware of?

Do you have any legal issues pending that we should be made aware of?

Do you have a pet? (circle) Yes No

If YES, are you willing to find your pet another home if offered housing? (circle) Yes No

PLEASE NOTE: KNEEHILL HOUSING CORPORATION HAS A "NO PET POLICY".

Do you have any formal community supports (agency, groups and/or organizations) in place? If so, could you provide details?

ADDITIONAL INFORMATION:

In order for the Kneehill Housing Corporation to more effectively assess your application, please describe the circumstances which have led you to apply. Provide additional information about your current living situation such as temporary or difficult living arrangements, eviction details, if applicable, as well as any special needs such as mental, physical or emotional health and/or specific medical needs and concerns. Also include any additional comments you feel would help provide a complete description of your current circumstances.



814 -1st Street N
PO Box 337
Three Hills, AB T0M 2A0
(403)443-5216
Fax: (403)443-5271

Authorization to Obtain Information and Consent to Disclose Information

Eligibility for social housing accommodation and rent calculation throughout the tenancy is based on information that the Tenant and other members of the Tenant's household supplied on the application and up-dates from time to time during the period of the tenancy. The information referred to in this authorization may be requested or disclosed for the purpose of assisting Kneehill Housing Corporation in verifying household and income information contained in an application for social housing accommodation, assessing and verifying on-going eligibility for social housing accommodation, verifying initial and on-going household income and financial circumstances in order to calculate or re-calculate rent payable pursuant to the Social Housing Accommodation Regulation under the Alberta Housing Act.

Many employers or agencies who furnish assistance and/or benefits (HRDC, Social Services, Employment Insurance, WCB, etc.) will not release information without written consent from the employee or recipient. The Kneehill Housing Corporation, therefore, requests the following be signed by all persons aged 15 years and older who are listed on the Social Housing application.

I/We do hereby authorize for any one or more of the above stated purposes:

- a) The Kneehill Housing Corporation (KHC), or its designate to verify all information relating to this Social Housing application and any future information provided to KHC throughout the entire tenancy period. Such information may be verified by KHC or its designate making inquiries of and obtaining information (including personal information) from previous, current and future employers; credit bureaus; financial institutions; federal, provincial or municipal government departments, offices, agencies and boards; previous landlords; and others from whom I receive income or benefits;
- b) The Kneehill Housing Corporation to release and exchange any information and documents including personal information by and between the KHC and such other authorities as, but not limited to, all federal, provincial, and municipal departments or offices, social support agencies, interpreter(s), credit bureaus, financial institutions or past or current employers;
- c) All parties/agencies noted in the previous paragraph from whom I receive income or benefits to release the same such information to the Kneehill Housing Corporation;
- d) All past and current landlords to provide to KHC such information as may be requested by KHC concerning my tenancy with such landlords (including personal information) including the period of tenancy, the rent payable, the rent payment history, the manner in which I kept the interior and exterior of the property rented, whether there are any complaints to the landlord concerning myself as a tenant and particulars of any such complaints, and where there are any breaches of the tenancy agreement with the landlord and particulars of any such breaches;

Authorization to Obtain Information

I/We do hereby agree that this Authorization to Obtain Information and Consent to Disclose Information cannot be revoked by me while I am a tenant under a Residential Lease with Kneehill Housing Corporation as Landlord, while I am an occupant of any social housing accommodation owned or managed by Kneehill Housing Corporation and following the end of such tenancy or occupancy while Kneehill Housing Corporation is carrying on any investigation as to the accuracy and completeness of information provided by me to Kneehill Housing Corporation.

Applicant: _____
Printed Name Social Insurance Number

Signature Date

Applicant: _____
Printed Name Social Insurance Number

Signature Date

The Kneehill Housing Corporation is authorized to collect this information under Part 2, Division 1, Section 33(1)(g)(i) of the Freedom of Information and Protection of Privacy Act.