



814 -1<sup>st</sup> 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 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 your most recent “Notice of Assessment” Tax form, showing Total Income on line 150.
- If you receive any type of Social Assistance, include a cheque stub.
- Please include the name and phone number for your current landlord, previous landlord and another person you feel could give us a reference.

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.



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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?
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How much do you pay for electricity? \$	For gas (heat)? \$	For water? \$	Sewer, waste, recycling? \$
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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.)* <b>CAN NOT BE FAMILY</b> *	
#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.



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## KNEEHILL HOUSING CORPORATION Release of Information Consent Form

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 requesting assistance age 15 years of age or older who are listed in the Social Housing file.

I or We, \_\_\_\_\_ authorize:

- a) The Kneehill Housing Corporation to verify all information relating to this Social Housing file and any future information provided throughout the entire tenancy period. This may include but is not limited to: employers, credit bureaus, financial institutions, federal, provincial or municipal government department, offices, agencies, boards or landlords.
- b) The Kneehill Housing Corporation to release and exchange any information and documents including personal information by and between the Kneehill Housing Corporation 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) The parties/agencies noted in the previous paragraph to release the same such information to the Kneehill Housing Corporation.
- d) The Kneehill Housing Corporation to obtain information from any person or agency for the purpose of audit or verification of our/my family income or circumstances.

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.**

Kneehill Housing Corporation info@kneehillhousing.com  
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