



INSTRUCTIONS FOR COMPLETING APPLICATION

Applicants with greatest need for housing are assisted first, regardless of date of application.
It is impossible to say how long it will be before you receive assistance.

If you are selected for subsidized housing you will be contacted by our Placement Team.

**PLEASE READ CAREFULLY
AND ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY.**

**YOU ARE REQUIRED TO ATTACH COPIES OF DOCUMENTS
WHERE APPLICABLE:**

See Page 2 for details.

Return completed application to our Business Office:

**Lethbridge Housing Authority
314 - 3 Street South
Lethbridge, AB T1J 1Y9**

Under certain circumstances you may be contacted for an interview.

**It is *VERY IMPORTANT* to notify Lethbridge Housing Authority with an "Update"
if there are any changes with:**

Source of income
Family size or composition
Address, phone number etc.
Your need for housing

If we have not contacted you within 90 days and you are still interested in subsidized housing, please complete an "Update Form" available at our Business Office or Website.

www.lethbridgehousing.ca

**PLEASE KEEP THIS FIRST PAGE OF
INSTRUCTIONS FOR YOUR INFORMATION**

The information on this form is collected under the authority of the Alberta Housing Act and is in accordance with Alberta's Freedom of Information and Protection of Privacy Act. This information will be used to determine and verify the client's eligibility under Social Housing Accommodation Regulations. If you have any questions, you may contact Placements or the FOIP Coordinator at:

Lethbridge Housing Authority Business Office PHONE: (403) 329-0556 FAX: (403) 327-3906



**PLEASE ATTACH COPIES OF THE
FOLLOWING DOCUMENTS FOR VERIFICATION
(WHERE APPLICABLE)
TO YOUR COMPLETED APPLICATION**

“Income Verification Form” (to be completed by your Employer).

Child Support and/or Alimony
(receipts/court orders/Maintenance Support documents).

AISH or Social Assistance benefits
(copy Income Support Budget and Health Benefits Card)

Employment Insurance (EI) benefits.

Workers Compensation (WCB) benefits.

Students must provide a copy of your Student Finance “Notice of Assessment” -
- along with expenses (tuition, books, supplies) and number of classes/courses. Please
indicate the program you are registered in and your expected graduation date. If your
funding is from Alberta Works Income Support, a copy of funding information.

Most Current T1 General Tax Returns - (what you submit to Revenue Canada).

Most Current Notice of Assessment - (what Revenue Canada returns to you).

*CONTACT CANADA REVENUE AGENCY 1-800-959-8281
TO REQUEST REPLACEMENT TAX DOCUMENTS*

A copy of your current Lease Agreement or a Rental Report.

As changes occur, including anything to your income,
please provide updates to Lethbridge Housing’s Business Office.

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Lethbridge, Alberta T1J 1Y9



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10. **Do you own a vehicle?** **Yes** **No** Make/Year/Colour _____
License Plate # _____ Estimated Value \$ _____
Driver's License # _____

11. **Do you presently have a pet?** **Yes** **No** What kind? _____

Most animals are not permitted

12. **Describe present accommodation:** **Rent** **Own**

Present Accommodation: House Apartment Hotel Rooming House
Other _____

Total Number of Bedrooms: _____

Rental Payments \$ _____

Does this include: **Heat** **Yes** **No** **Electricity** **Yes** **No** **Water** **Yes** **No**

Fridge ***Stove*** ***Washer*** ***Dryer*** ***Air Conditioning***

Is the dwelling shared with another family? **Yes** **No**

If yes, total number of adults _____ and total number of children _____ in house.

13. **Is there any medical condition that could affect your housing needs that we should know about?** **Yes** **No** (For example, is wheelchair accommodation a requirement?)
If yes, who? _____ In what way? _____
What is/are the medical condition/s? _____

14. **Why do you wish to move?** Financial Overcrowded Relationship Breakdown
Other _____

15. Have you **received** an eviction notice? **Yes** **No** If yes, for what date? _____ (Submit copy)
Have you **given** notice to vacate? **Yes** **No** If yes, for what date? _____ (Submit copy)
Have you **signed** a Lease? **Yes** **No** I/We must give _____ months to vacate.
When does your Lease expire? _____

16. **Debts:** (List creditors, amounts owing & arrears, if any, including rent or utilities)

<i>Name of Creditor</i>	<i>Amount Presently Owing</i>	<i>Amount in Arrears</i>
1.		
2.		
3.		

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17. Assets:

Real Estate Property Address (Property owned by yourself and/or spouse/co-applicant):

Present Value: \$ _____ Mortgage: \$ _____

Bonds & Securities: \$ _____ RRSP's: \$ _____

Total Cash & Bank Deposits: \$ _____

18. Bank:

Name of Bank: _____ Branch: _____ Phone#: _____

19. References (not relatives):

1. _____ 2. _____

Telephone: _____ Telephone: _____

HOUSEHOLD COMPOSITION

In the chart below, enter the names of **ALL** persons, **including yourself**, who will be living in your household.

FULL NAME	RELATIONSHIP	EMPLOYER OR SCHOOL	BIRTHDATE MONTH/DAY/YEAR	AGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				



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OTHER INCOME

Provide the Gross Income (before deductions) from **ALL SOURCES** for **ALL PERSONS** listed on this application. This includes all income received from any type of pension, employment, bank savings, bonds, rental property, business investments, student loans, etc. as listed below:

TYPE OF INCOME	TENANT	CO-TENANT
Employment Income (Salary, Wages, Tips)		
Commission Income		
Investment Income (Interest)		
Rental Income (from Investment Properties)		
Alimony/Child Support		
Disability Allowance		
Employment Insurance		
Worker's Compensation		
Student Grants/Allowance/Loan - Attach Student Expenses Old		
Age Security Pension, Guaranteed Income		
Supplement CPP/QPP Pension		
Private Pensions or Annuities		
Self Employment Income		
A.I.S.H. (Assured Income for Severely Handicapped)		
Income Support / Social Assistance		
Other (Please Specify)		

If applicable, SOCIAL WORKER'S NAME: _____

Telephone: _____

Fax: _____



**Lethbridge Housing Authority provides the Commissioner for Oaths
service free of charge.**

Picture Identification Required

STATUTORY DECLARATION

Dominion of Canada) In the matter of this application for dwelling
Province of Alberta) accommodation in the Housing Project.
To Wit)

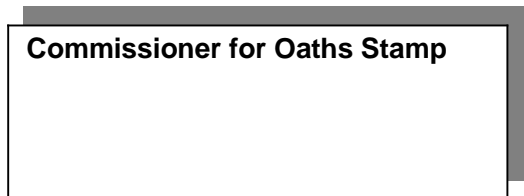
I/We _____ of the
city of _____ in the Province of _____, do solemnly
declare as follows:

1. That I/We am/are the applicant(s) named in the said application;
2. That any statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects.
3. The I/We have resided in the Province of Alberta for _____ years of my/our life, and in the district for _____ years;

And I/We made 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)
 _____)
 in the Province of Alberta) Signature of Applicant
)
 this _____ day of)
)
 _____, 20____)
)
 _____)
 Signature of Co-Applicant

A Commissioner for Oaths in and for the Province of Alberta



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RE: _____

Sir/Madam:

The above named person has applied for a dwelling unit, which is under the management of this Authority. In accordance with the requirements for public housing, the income of all families must be verified.

As the applicant has authorized the securing of the information and has furnished your name as an employer reference, it would be appreciated if you would supply the information indicated below.

Thank you for your courtesy and cooperation in this matter.

LETHBRIDGE HOUSING AUTHORITY

***** TO BE COMPLETED BY EMPLOYER *****

1. Present Gross Monthly Income _____
Or Hourly Rate of Pay _____
Number of Hours Worked Per Week _____
2. Date Started Employment _____
3. Amount of Training Grant (Weekly) _____
4. Tips (Average Monthly Amount) _____
5. Commission (Average Monthly Amount) _____

(Employer's Signature) Representing _____ (Business Name)

Telephone: _____ Date: _____

Housing for Families, Seniors and Special Needs in our Community



AUTHORIZATION TO OBTAIN INFORMATION AND CONSENT TO DISCLOSE INFORMATION

Lethbridge Housing Authority (LHA) is required to collect personal information from all applicants and current program recipients to administer its programs under the Legislation in the Social Housing Accommodations Regulation (SHAR) and the Alberta Housing Act. This information includes, but is not limited to, information regarding eligibility; landlord references; assets and income verification; rent calculations; and household composition. LHA only collects information that is required to determine eligibility and to administer its programs.

As such, LHA requires all persons listed on your family composition form who are 18 years of age or older sign the following:

I/We do hereby authorize for the stated purposes:

1. LHA to verify all information provided in my application and any updates that may follow throughout the tenancy/subsidy period. This may include employment verification; school or educational institution; and any others from whom I receive income or benefits;
2. LHA to exchange any information (including personal information) and to provide copies or documents of said information to all federal, provincial and municipal government as outlined in the Alberta Housing Act;
3. LHA to exchange any information (including personal information) to any agency that is supporting me in the application process. This includes any LHA subsidiaries; Housing First programs, programs providing funding and/or benefits; disability service providers; interpreters; employers; churches; etc.;
4. LHA to verify the income, assets, and financial standing of everyone on my household composition that is over the age of 18 years old. This includes checking with employers; financial institutions; offices, agencies and boards; schools and educational institutions; and any others from whom I receive income or benefits;
5. LHA to contact my landlord and discuss the length of the tenancy; the rent amount; payment history; cleanliness and/or damages to the property; complaints from neighbors; breaches of tenancy; if the tenancy was ended as a result of a breach of lease; or any other information required from my landlord; Also for LHA to provide future landlords with references as required.
6. LHA to contact the person I designate as my emergency contact or provide it to the authorities if an emergency should arise.

Print Name

Signature

Witness

Print Name

Signature

Date

Print Name

Signature