

Lethbridge Housing



LETHBRIDGE HOUSING AUTHORITY APPLICATION

Family Housing, Seniors Housing, Affordable Housing, Castle Apartments, Rent Supplement

Please read the following information carefully before completing the application:

-Fill out the application in ink and with accurate information to the best of your knowledge.

-Incomplete applications will not be processed.

-Your application must include documentation of income received for all applicants – for example, pay stubs, bank statements, proof of income received from EI, AISH, SA etc.

Which program should I apply for? Are there different applications for different programs?

- There is only **one** standard application for all programs. Please use **this** application regardless of which program you wish to apply for.

How does the selection process work?

- Once you submit your completed application to Lethbridge Housing Authority, your application will be assessed by our Placement Workers using a point scoring system.

-You will be placed on the waitlist which best suits your needs based on your situation and the information you have provided.

-Applicants with the greatest need for housing will be assisted first regardless of the date of the application.

- If you are selected to receive assistance, you will receive a phone call directly.

What if my information changes?

- Please provide an “Update Form” (available on our website at lethbridgehousing.ca or at our business office) if there are any changes to your source/amount of income, your need for housing, your family size, address, phone number etc.

- Please ensure your contact information is up to date – we **must** have accurate information to be able to contact you should we be able to assist you.

I have applied and have not been assisted yet. What can I do next?

-Please continue to keep us updated on your situation, even if nothing has changed. We request that an “Update Form” (available on our website at lethbridgehousing.ca or at our business office) be submitted to our office every 6 months to keep your file active.

Lethbridge Housing



PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS FOR VERIFICATION:

- Most current **Notice of Assessment** – what Revenue Canada returns to you upon completion of your taxes. In some cases, this is not mailed out but is available for you to access online instead. *(Contact Canada Revenue Agency at 1-800-959-8281 to request replacement documents OR log in to your CRA My Account and click “Proof of Income Statement” to view and print.)*
- If you are **currently employed**, please provide your last 3 months of paystubs or a letter from your employer to verify employment.
- If you receive **AISH** or **Social Assistance** benefits, please provide a copy of your Income Support Budget/Health Benefits Card with benefit amount.
- If you are receiving **Employment Insurance** (EI), please provide your EI Summary Report with documentation showing your gross amount of benefits,
- If you are receiving **pensions**, please provide your pension confirmation letter.
- If you are receiving benefits through the **Workers Compensation Board** (WCB), please provide documentation.
- If you receive **Child Support and/or Spousal Support**, please provide documentation such as receipts, bank statements, maintenance enforcement agreement or court order.
- If you are a student at a post-secondary institution, please provide your **Student Finance “Notice of Assessment”** or your student funding information from Alberta Works (Learners Grant).
- If you receive **Federal and or Provincial Benefits**, please provide verification from the CRA (Canada Revenue Agency).

Submit Applications to:

Lethbridge Housing Authority
 314 – 3rd Street South
 Lethbridge, AB T1J 1Y9
 (403) 329-0556



LETHBRIDGE HOUSING AUTHORITY APPLICATION
SECTION ONE – APPLICANT & HOUSEHOLD INFORMATION

Applicant Information		
Name:		
Date of Birth:	Age:	Gender:
Home Phone:	Cell Phone:	Work Phone:
Current Address:	City:	Mailing Address: (if different than current address)
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant (If checked, provide Landed Immigrant papers)		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed/Widower		
Are you receiving benefits through the Alberta Adult Health Benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If a translator is required, please provide their information: Translator's name: _____ Translator's phone number _____		

Spouse/Co-Applicant Information – If applicable.		
Name:		
Date of Birth:	Age:	Gender:
Home Phone:	Cell Phone:	Work Phone:

Household Composition – Please list all individuals.					
Full Name	Relationship to Applicant	Birthdate (M/D/Y)	Age	Gender	Employer or School Name

Do you or members of your household have a medical condition that could impact your need for housing?
 (For example, is wheelchair accommodation a requirement?) Yes No

If yes, please explain: _____

Please note that a medical form may be required to determine eligibility for Seniors Housing.



SECTION TWO - RENTAL INFORMATION

Current Housing Information			
Present Accommodation: <input type="checkbox"/> House <input type="checkbox"/> Private Rental <input type="checkbox"/> Hotel <input type="checkbox"/> Dorm <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Institutional <input type="checkbox"/> Social Housing <input type="checkbox"/> Other _____			
Do you presently rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Are utilities included in your rent amount? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are your utility bills up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If utilities are not included, check which utilities you pay for: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Water & Sewer			
Date Moved In: _____	Number of Bedrooms: _____	Rent Amount: \$ _____ /month	Have you given notice to vacate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what date? _____
Have you received an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what date? _____ (Please submit a copy of your eviction notice with your application)			
Current Landlord Information: Landlord Name: _____ Address (if known): _____ _____ Phone: _____ Email: _____	Are you sharing any part of your current dwelling with persons <u>not</u> applying on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the <u>number</u> of people other than those listed on this application. Children: _____ Adults: _____	Why do you wish to move? <input type="checkbox"/> Financial <input type="checkbox"/> Overcrowded <input type="checkbox"/> Relationship breakdown <input type="checkbox"/> Domestic violence <input type="checkbox"/> Other _____ <input type="checkbox"/> Do not wish to move	

Previous Housing Information	
Previous Address: _____	City: _____
Dates of Occupancy: From: _____ To: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (M/Y) (M/Y) </div>	
Previous Landlord Information: Landlord Name: _____ Landlord Phone: _____ Address (if known): _____ Landlord Email: _____	
Reason for Move: _____ _____	



SECTION THREE – CURRENT INCOME and ASSETS

Other Income		
Provide the gross (before deductions) <u>monthly</u> income for all members of your household listed on this application.		
Source of Income	Applicant Monthly Amount	Co-Applicant Monthly Amount
Alberta Seniors Benefit (ASB)	\$	\$
Assured Income for the Severely Handicapped (AISH)	\$	\$
Canada Child Benefit (CCB) – Formerly called Child Tax Benefit (CTB)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Child Support	\$	\$
Disability Benefit	\$	\$
Employment	\$	\$
Employment Insurance (EI)	\$	\$
Income Support/Social Assistance (SA) through Alberta Works	\$	\$
Investment Income (RRIF/RRSP/TFSA/LIRA)	\$	\$
Old Age Security (OAS)/Guaranteed Income Supplement (GIS)	\$	\$
Partner/Spousal Support	\$	\$
Private Pensions or Annuities	\$	\$
Rental Income (from Investment Properties)	\$	\$
Resettlement Assistance Program (for Government Assisted Refugees)	\$	\$
Self Employed	\$	\$
Student Loans/Grants	\$	\$
Support for Foster & Kinship Caregivers	\$	\$
Support from Family	\$	\$
Workers Compensation Board (WCB)	\$	\$
Other (Please Specify) _____	\$ _____	\$ _____

Assets – Enter the total amount for all household members on the application.		
Assets	Total Value	
	Present Value	Mortgage
Property Owned	\$	\$
Cash/Money in Bank	\$	
Investment Income	\$	
Stocks and Bonds	\$	
Other (Please Specify) _____	\$	



SECTION FOUR – OTHER INFORMATION

Vehicle(s)					
Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you own more than one vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Make	Model	Year	Payment Each Month	Estimated Value
Vehicle One				\$	\$
Vehicle Two				\$	\$
Vehicle Three				\$	\$

Pet(s)	
Do you currently have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please note that only certain units allow pets. Approval for a pet in a Lethbridge Housing Unit is subject to the landlord as some of our rental properties do not allow pets.</i>
If you currently own a pet, what kind? _____	

Support Worker Information (if applicable)
Support Worker Name: _____ Phone: _____ Support Agency: _____ Fax: _____
Are you a Housing First Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please read through the following and sign below.				
I/We understand that this application does not constitute an agreement on the part of Lethbridge Housing Authority or its agents to provide me/us with rental accommodation.				
I/We further acknowledge the right of Lethbridge Housing Authority at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty and liability for damage or otherwise, any acceptance or approval of this application previously made or given.				
I/We hereby authorize you to make any inquiries you deem necessary to verify the facts contained herein by any method Lethbridge Housing Authority deems necessary, being fully aware that discovery of any false statements shall cancel any further consideration of any application.				
I/We further agree that I/We am/are obligated to advise Lethbridge Housing Authority, in writing, of any changes in family composition, gross income, assets, employment or change of address, should they occur.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Applicant Signature </td> <td style="width: 50%; border: none;"> _____ Witness Signature </td> </tr> <tr> <td style="border: none;"> _____ Co-Applicant Signature </td> <td style="border: none;"> _____ Witness Signature </td> </tr> </table>	_____ Applicant Signature	_____ Witness Signature	_____ Co-Applicant Signature	_____ Witness Signature
_____ Applicant Signature	_____ Witness Signature			
_____ Co-Applicant Signature	_____ Witness Signature			

314 3rd Street South
Lethbridge, Alberta T1J 1Y9
info@lethbridgehousing.ca

Lethbridge Housing



Telephone (403) 329-0556
Facsimile (403) 327-3906
Website: lethbridgehousing.ca

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 household composition form who are 18 years of age or older to 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.

Print Name

Signature

Witness

Print Name

Signature

Date

Print Name

Signature