

Lethbridge Housing



LETHBRIDGE HOUSING AUTHORITY APPLICATION

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

FREQUENTLY ASKED QUESTIONS

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

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

2. How does the selection process work?

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

Your application will be assessed 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.

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

3. What if my information changes?

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

Make sure 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.

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

Submit an "Update Form" (available on our website at lethbridgehousing.ca or at our business office) every 6 months to keep your file active. Keep us updated on your situation using the Update Form even if nothing has changed.

IMPORTANT INFORMATION TO NOTE

- **Incomplete applications will not be processed.**
- Fill out the application with accurate information to the best of your knowledge.
- We require documentation of income received for all applicants. Please see page 2 for required documentation.

Lethbridge Housing



PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- 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 are **recently unemployed**, please provide your Record of Employment (ROE).
- 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 “My Current Claim” page, accessible through the My Service Canada website to show your gross benefit amount.
- If you are receiving **Pensions**, please provide your pension confirmation letter(s) to verify or provide a 30-day bank statement (unaltered deposits).
- If you are receiving benefits through the **Workers Compensation Board** (WCB), please provide documentation.
- If you are a student at a post-secondary institution, please provide your **Student Finance “Notice of Assessment” (Funding Allocation)** or your student funding information from Alberta Works (Foundational Learning Assistance).
- 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
 Or by email to:
info@lethbridgehousing.ca



LETHBRIDGE HOUSING AUTHORITY APPLICATION

SECTION ONE – APPLICANT & HOUSEHOLD INFORMATION

Applicant Information			
Name:		Today's Date:	
Date of Birth:		Age:	Gender:
Phone:	Email:		
Current Address:		City:	Postal Code:
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			
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:
Phone:	Email:		
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant (If checked, provide Landed Immigrant papers)			

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

<p>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?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p> <p>*Please note that a medical form may be required to determine eligibility for <u>Seniors Housing</u>.</p>
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SECTION TWO – HOUSING INFORMATION

Current Housing Information				
Do you presently rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own		Present Accommodation: <input type="checkbox"/> Rental <input type="checkbox"/> Social Housing <input type="checkbox"/> Hotel <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Institutional <input type="checkbox"/> Owned Property <input type="checkbox"/> Temporary/Other _____		
Move in Date: _____ _____	Number of Bedrooms: _____	Rent Amount: \$_____/mo	Are utilities included in your rent amount? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, check which utilities you pay for: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Water & Sewer	Have you received a Utility Disconnect Notice? _____ If yes, please attach a copy.
Have you received an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , for what date? _____ If <u>yes</u> , please also submit a copy of your eviction notice.		Have you given notice to vacate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what date? _____		
Are you sharing any part of your current dwelling with people <u>not</u> applying on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , indicate the <u>number</u> of people other than those listed on this application. Children: ___ Adults: ___				
Are you currently receiving a rent supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , indicate the end date of the supplement. _____		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 – applying for rent subsidy		
Current Landlord Information Landlord Name: _____ Phone: _____ Email: _____ Address (if known): _____				
Are your current living conditions accessible to your physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>no</u> , please explain: _____		Are your current living conditions affecting your health in any other way? (Mentally, emotionally etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please explain: _____		

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

Current 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)	\$	\$
Other Income (please specify) _____	\$	\$
Partner/Spousal Support	\$	\$
Private Pensions or Annuities	\$	\$
Rental Income (from Investment Properties)	\$	\$
Resettlement Assistance Program (for Government Assisted Refugees)	\$	\$
Self-Employment	\$	\$
Student Loans/Grants	\$	\$
Support for Foster & Kinship Caregivers	\$	\$
Support from Family	\$	\$
Workers Compensation Board (WCB)	\$	\$

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 (RRIF/RRSP/TFSA/LIRA)	\$	
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				\$	\$

Pet(s)	
Do you currently have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please note that only certain Lethbridge Housing units allow pets. This is subject to prior approval from the landlord.
If you currently own a pet, what kind? _____	

Support Worker Information (if applicable)
Support Worker Name: _____ Phone: _____ Support Agency: _____ Fax: _____

Please read through the following and sign below.								
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>								
<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Applicant Signature</td> <td style="text-align: center;">Witness Signature</td> </tr> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Co-Applicant Signature</td> <td style="text-align: center;">Witness Signature</td> </tr> </table>	_____	_____	Applicant Signature	Witness Signature	_____	_____	Co-Applicant Signature	Witness Signature
_____	_____							
Applicant Signature	Witness Signature							
_____	_____							
Co-Applicant Signature	Witness Signature							



SECTION FIVE – TARGET POPULATIONS & AUTHORIZATION

Target Populations	
<p>I identify as a member of the following minority populations:</p> <p><input type="checkbox"/> Indigenous Peoples</p> <p><input type="checkbox"/> People with Disabilities</p> <p><input type="checkbox"/> Recent Immigrant or Refugee</p> <p><input type="checkbox"/> People who identify with diverse concepts of sexual orientation, gender identity, and expression</p> <p><input type="checkbox"/> Other Racialized Group</p>	<p>I am currently experiencing or at risk of the following:</p> <p><input type="checkbox"/> Fleeing Domestic Violence*</p> <p><input type="checkbox"/> Dealing with mental health and/or addiction*</p> <p><input type="checkbox"/> Homelessness or transitioning out of homelessness supports*</p> <p><input type="checkbox"/> Youth exiting government care</p> <p><input type="checkbox"/> Veteran</p> <p>* and working with appropriate supports and services to support stable housing</p>
<p>Please be advised that many of the demographic and identifying information above are protected grounds under the Alberta Human Rights Act and disclosing any of that information will not result in harassment, discrimination, or any other penalty towards your application. The personal information in this form is being collected by Lethbridge Housing Authority/Lethbridge & Region Community Housing Corporation under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact (403)329-0556.</p>	

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 314 – 3rd Street South
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 Or by email to:
 info@lethbridgehousing.ca

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