

Submit Applications to:
Capital Region Housing
10232 112 Street NW
Edmonton, Alberta T5K 1M4
Phone: (780) 420-6161
Fax: (780) 426-6854

Community and Rent Supplement Application

Please read the following information carefully before completing the application. If you have any questions, please contact Capital Region Housing (CRH) as listed above.

1. Please complete and sign the application *in ink*.
2. Return your application to Capital Region Housing by mail, fax or in person.
3. Answer all the questions in the application, if a question does not apply to you print NA (not applicable). Please do not leave any blanks.
4. All income reported must be supported by documentation.
5. All co-applicants must sign the completed form.
6. Please ensure that all information and documents submitted in and with the application are true to the best of your knowledge.

Your application must include:

Proof (documentation) of all income and money listed in this application for all applicants from any source— for example, pay stubs, benefits summary, bank statements.

Bedroom listing (**Community Housing only**)

Tenancy agreement (lease) (**Direct Rent Supplement only**)

Private Landlord Rent Supplement (**PLRS**) Form (**Private Landlord Rent Supplement only**)

Depending on your situation, you may need to include:

Notice to Vacate or Foreclosure Papers

Pet Application

Live in Aide Form

Consent to Release Form

Proof of assets (including property, car ownership, shares and rental revenue)

Proof of student status for all family members 15 years and older who have income from any source and go to school full time.

If you visit the office or speak with a CRH representative about your file over the phone, please be ready to verify your identity. If you would like someone who is not listed on the application to be able to speak with CRH on your behalf or about your application, please complete a *Consent to Release* form.



APPLICATION FOR COMMUNITY HOUSING AND RENT SUPPLEMENT

Please complete the following information to the best of your ability.

I _____ have filled out this form with accurate information to the best of my knowledge.
(Name)

Signature Date (MM/DD/YYYY)

Check all programs to which you would like to apply. If you are unfamiliar with the programs, please read the information sheets available on our website and in our office.

COMMUNITY HOUSING (if you check this program, please remember to complete a *Bedroom Listing* form).

DIRECT RENT SUPPLEMENT (DRS) (if you check this program, please remember to provide a tenancy agreement/lease).

PRIVATE LANDLORD RENT SUPPLEMENT (PLRS) (If you check this program, please remember to complete a PLRS form)

SECTION ONE- APPLICANT INFORMATION

To be completed by the primary applicant using names indicated on government issued identification. For example, **Given Name** must be exactly as it is on government issued identification.

Family Name	Given Name	Middle Name(s)
Preferred Name (if applicable)		

Home Telephone No.	Work Telephone No.	Cell No.	Email
Current Address	Postal Code	Mailing Address (if different from Current Address)	

Gender M F Self-Identify _____ **Date of Birth** MM DD YYYY

Status in Canada Canadian Citizen
Permanent Resident
Government Sponsored Refugee
Other If other, please explain: _____

Are you a student? Yes No If yes, indicate status Full Time Part Time

Do you have income? Yes No Have you ever received services from CRH? Yes No

SECTION TWO- HOUSEHOLD INFORMATION

To be completed for ALL members of household (other than the main applicant) who will be living with you, regardless of age, relationship or status in Canada. Provide information as it appears on government issued identification. Capital Region Housing can speak with anyone listed as a part of the household about the contents and status of the application and file.

Full Legal Name		Relationship to Applicant	Gender	Date of Birth (MM/ DD/ YYYY)	Is this person a full-time student?	Status in Canada				
Family Name	Given Name					Canadian Citizen	Permanent Resident	Government Sponsored	Other (specify)	

Are you expecting any changes to the total number of household members within the next three months? (For example, someone moving in or out, birth of a baby, etc.)

If yes, please explain _____

SECTION THREE- RENTAL INFORMATION List all the details of your housing history, starting with where you live now.

Current Housing Information											
Start of occupancy						Do you pay room and board?					
MM DD YYYY						Yes		No			
How many bedrooms do the people on the application currently occupy?						1	2	3	4	5	Over 5
How many bedrooms are in the unit you rent? _____											
Which utilities do you pay? (Check all that apply) Power Heat Water and Septic											
Cost of rent \$				Do you have a written tenancy agreement? Yes No							
Does your rent include parking? Yes No											
Current Landlord Information											
Name			Address			Telephone			Email		

Previous Information Complete the following with details about your housing history for the past 2 years

Previous Address			
Date of occupancy			
from	MM	DD	YYYY
to	MM	DD	YYYY
Previous Landlord Information			
Name	Address	Telephone	Email
Would this landlord provide a good reference? Yes No If no, why?			

Reason for move:			

Previous Address			
Date of occupancy			
from	MM	DD	YYYY
to	MM	DD	YYYY
Previous Landlord Information			
Name	Address	Telephone	Email
Would this landlord provide a good reference? Yes No If no, why?			

Reason for move:			

If you need more space, please use the back of this page or add another page.

SECTION FOUR- CURRENT INCOME AND ASSETS

EMPLOYMENT

Complete the following for all members of your household, including dependents over the age of 15 who are currently employed. If you are self-employed list "self" in the employer box.

Full Name	Employer	Dates of Employment MM/YYYY to MM/YYYY	Payment Information		
			Hourly Pay		Salary
			Pay/Hour	Hours/Week	
		/ to /			
		/ to /			
		/ to /			
		/ to /			
		/ to /			

OTHER INCOME

Please list all income you or a household member 15 years or older gets on a regular basis.

Source of Income	Name(s) of Recipient(s) <i>(list all members who get this source of income)</i>
Alberta Seniors Benefit (ASB)	
Assured Income for the Severely Handicapped (AISH)	
Alberta Child Benefit	
Band and/or Treaty Funding	
Canada Pension Plan (CPP)	
Child Support (including section 7 expenses)	
Child Tax Benefit	
Company/Group Pensions	
Disability Benefit	
Employment Insurance	
Family Tax Benefits	
Foreign Country Income	
Government Family Support (i.e. kinship, foster)	
GST	
Home Based Business	
Income Support/Social Assistance	
Old Age Security (OAS)/ Guaranteed Income Supplement (GIS)	
Partner/Spousal Support	
Rental Income	
Resettlement Assistance	
Self Employed	
Student Funding	
Student Loans/Grants	
Support from family	
Tips	
Workers' Compensation Board (WCB)	

ASSETS

Complete for all members of the household listed on the application.

Assets	Total Value/Amount
Property	\$
Cash/Money in Bank	\$
Stocks, Bonds, GICs	\$
Other Investments or Income (Including foreign sources)	\$
Work Related Tools or Equipment	\$
Other	\$

Note: RRSPs, RESPs and RDSPs are exempt assets and do not need to be disclosed.

VEHICLE(S)

Do you have a vehicle? Yes No

Do you have more than one vehicle? Yes No

If so, how many vehicles do you have? _____

	Make	Model	Year	Kilometers/Mileage	Payment Each Month
Vehicle One					\$
Vehicle Two					\$
Vehicle Three					\$

Are any of your vehicles financed? Yes No If yes, please provide documentation.

SECTION FIVE – SPECIAL CIRCUMSTANCES

Check all that apply for you and your household. Explain in the space provided below and provide documentation where appropriate.

Have been served a notice to vacate or have been evicted
Accommodation is not accessible or adaptable for the physical circumstances
Home is in the process of foreclosure
Selling a home that I/we own
About to be released from a program or facility and have nowhere to live
Fleeing family or other violence/abuse
Homeless or at risk of homelessness
Living in dangerous housing conditions (eg. broken doors, lights don't work, Alberta Health Services has been to your home)
Living in a hotel/motel
Living in a group home
Living in a shelter
Living with family or friends
In bankruptcy or have filed a consumer proposal
Graduating from Housing First

Use this space to explain special circumstances

If you are applying for Community Housing:

Do you have a pet that will be living in your household?

Yes No *If yes, complete a Pet Application for permission. Approval is subject to the landlord; some rental properties do not allow pets.*

Do you have a service dog?

Yes No *Service dogs must be qualified under the Service Dogs Act (Alberta). Please include a copy of the qualifications documents*

Do you have a live-in aide (someone who lives with you, takes care of you, and is paid)?

Yes No *If yes, complete the Live In Aide Application*

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This personal information is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and/or in accordance with any applicable agreements in place. All personal information collected during the application process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the *FOIP Act*. Limited information may also be provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161.

AUTHORIZATION

All applicants over the age of 18 years must complete the sections below, as applicable.

To apply for housing or rent subsidy, you **MUST** agree to the two points below. I/We authorize

- Capital Region Housing to make any inquiries necessary to any government office, organization, agency or individual for the purposes of verifying information provided in this application.

Initial _____ Initial _____ Initial _____ Initial _____ Initial _____ Initial _____

- Capital Region Housing to contact and receive information from current and/or previous landlords to complete reference checks for the purposes of assessing suitability as a prospective tenant.

Initial _____ Initial _____ Initial _____ Initial _____ Initial _____ Initial _____

The following two are **OPTIONAL**. You do not need to agree to these in order to apply for housing or rent subsidy. I/We authorize:

- Capital Region Housing to contact me for research purposes – all information will remain anonymous, and I/we can decline participation at any time.

Initial _____ Initial _____ Initial _____ Initial _____ Initial _____ Initial _____

- Capital Region Housing to use my email address for the purposes of communication including, but not limited to, newsletters, surveys and information.

Initial _____ Initial _____ Initial _____ Initial _____ Initial _____ Initial _____

I/We understand:

- This application is not an agreement on the part of Capital Region Housing to provide me/us with housing or rent supplement (subsidy).
- A failure to respond to requests for additional information or documentation by Capital Region Housing may result in the application being put on hold or cancelled.
- Providing false information to Capital Region Housing may result in the application being cancelled or no longer being eligible for services.
- If I/we are being considered for an available unit or subsidy, Capital Region Housing may need additional information to make sure all my/our information is up to date and that my/our household still qualifies.
- It is my/our responsibility to keep Capital Region Housing updated on any changes to my/our circumstances or the information provided in this application.

Application must be signed by the Applicant and members of the household over 18.

Print Name	Signature	Date