

APPLICATION FOR NEAR MARKET HOUSING

SECTION ONE- APPLICANT INFORMATION

(To be completed by main applicant using government issued identification. For example, **Given Name** must be exactly as it appears on government issued identification.)

APPLICANT 1:

Given Name	Middle Name	Family Name

Telephone				
	Home	Work	Cell	Email
Current Address			Mailing Address (if different from Current)	

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

APPLICANT 2:

Given Name	Middle Name	Family Name

Telephone				
	Home	Work	Cell	Email
Current Address			Mailing Address (if different from Current)	

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

SECTION TWO- HOUSEHOLD INFORMATION

(To be completed for ALL other occupants of the household including children)

Full Name	Relationship To Applicant	Gender	Date Of Birth (MM/DD/YYYY)	Income
				Yes No
				Yes No
				Yes No
				Yes No

Do you require parking? _____

Do you require an accessible unit? _____

SECTION THREE- RENTAL INFORMATION

(List the details of your rental history, beginning with your current address)

Current Address	
Current Landlord Information	
Name	Telephone
Date of occupancy:	

Previous Information (Complete the following with details about your landlord for the past 2 years)

Previous Address:	
Previous Landlord Information	
Name	Telephone
Date of occupancy:	

SECTION FOUR- CURRENT INCOME

(Complete the following for all members of your household over 18. Provide pay stubs for one full month from each employer)

Full Name (Given, Middle, Family)	Current Employer	Starting Date MM/YYYY	Salary <i>Indicate amount earned</i>

OTHER INCOME (Check all that apply. Provide proof of income.)

Source of Income	Name(s) of Recipient(s) (list all members who receive this benefit)
Alberta Seniors Benefit (ASB)	
Assured Income for the Severely Handicapped (AISH)	
Band and/or Treaty Funding	
Canada Pension Plan (CPP)	
Company/Group Pensions	
Child Support	
Employment Insurance	
Foreign Country Income	
Rental Income	
Home Based Business	
Government Family Support (i.e. kinship, foster)	
Income Support	
Old Age Security (OAS)/Guaranteed Income Supplement (GIS)	
Resettlement Assistance	
Self Employed	
Student Funding	

Student Loans/Grants		
Support from family		
Workers' Compensation Board (WCB)		
Other		
Partner/Spousal Support		
GST/Child Tax/Family Tax		
Tips		
Disability Benefit		

EMERGENCY CONTACT

Name	Phone	Email	Relationship

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 tenant(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 tenants. 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 Housing and Seniors 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, contact our FOIP Coordinator at 780-420-6161.

Authorization and Release

I/we understand that this application does not constitute an agreement on the part of Capital Region Housing or its agents to provide me/us with rental accommodation. I/we acknowledge the right of Capital Region Housing or its agents at any time prior to the execution and delivery of a residential tenancy agreement hereby applied for to withdraw or cancel, without penalty for damages or otherwise, any acceptance or approval of this application previously made or given.

I/we consent to Capital Region Housing obtaining my/our credit report.

I/we consent to Capital Region Housing or its agents contacting any of my/our current or previous landlords to complete reference checks for the purpose of assessing my/our suitability as a prospective tenant. I /we understand and agree that Capital Region Housing may request information about my/our current or previous tenancies include but not restricted to, name of leaseholders and other occupants, date of occupancy, addresses, rental payment history, maintenance and upkeep of the premises, conduct of occupants and guests, compliance with the rules and regulation of the residential tenancy agreements, and reasons for vacating if applicable. I/we also release and save harmless the persons and organization for any and all claims, actions, demands, damages and expenses in connection with arising out of such release and information to Capital Region Housing.

(Applicant Name – please print) (Signature) (Date)

(Co-Applicant name – please print) (Signature) (Date)