



Application #: \_\_\_\_\_

**Re: Application for Housing and/or Subsidy – Update**

We currently have your application on our waiting list. If you are still interested in our program(s), please complete this form in ink and return it to our office at the address noted above. If we do not receive a reply by \_\_\_\_\_, your application will be cancelled.

**Home** (if different from above)

**Mailing** (if different from above)

Street Address: \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Telephone Numbers:**

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Names and Birth dates of Household Members who are applying:**

\_\_\_\_\_  
(Name) (yy/mm/dd)

\_\_\_\_\_

\_\_\_\_\_

extras Please check box and add on back

**Current Housing Information**

apartment  townhouse  motel/hotel  rooming house  house  group home

living with friends or family (shared)  other \_\_\_\_\_

**(Note: Rental subsidies cannot be placed on basement suites in houses unless the suites have been approved by the municipality. Subsidies can only be applied to self-contained suites: group homes, Rooming houses & shared accommodation do not qualify.)**



Rent or  Mortgage: \$ \_\_\_\_\_ per month.  
**(List only room amount if this is a room and board situation.)**

Utilities included:  power  heat  water

Number of bedrooms you and your family occupy: \_\_\_\_\_

Dates of occupancy: from \_\_\_\_\_ to \_\_\_\_\_  
(move in date) (move out date/present)

Pest Infestations:  Bedbugs  Cockroaches  Mice  None

If someone in your family uses a wheelchair or scooter, is your housing accessible for them?  
 Yes  No  Not needed

**Name and Telephone Number of Current Landlord:**

\_\_\_\_\_

\*\*\* Do you rent from Boardwalk Equities?  Yes  No

**Reason you are applying for housing or subsidy:**

\_\_\_\_\_

\_\_\_\_\_

**Income Information: If you or another household member are employed, complete this section:**

Name of family member: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hours or month) Hours per week \_\_\_\_\_

Paid:  weekly  biweekly  semimonthly  monthly

\_\_\_\_\_

Name of family member: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hours or month) Hours per week \_\_\_\_\_

Paid:  weekly  biweekly  semimonthly  monthly



<b>Other Income</b>	Amount per month	Name(s) of person(s) receiving income
<input type="checkbox"/> AISH	\$ _____	_____
<input type="checkbox"/> SFI/Alberta Works	\$ _____	_____
<input type="checkbox"/> Adult Health Benefit	\$ _____	_____
<input type="checkbox"/> WCB	\$ _____	_____
<input type="checkbox"/> CPP	\$ _____	_____
<input type="checkbox"/> OAS	\$ _____	_____
<input type="checkbox"/> Alta Seniors Benefit	\$ _____	_____
<input type="checkbox"/> Company/Group Pension	\$ _____	_____
<input type="checkbox"/> EI Benefits	\$ _____	_____
<input type="checkbox"/> Student Funding	\$ _____	_____

(Including, but not limited to, student loans, Alberta Works Grants, Maintenance Grants, Millennium Scholarships, scholarships, bursaries, stipends, etc.)

If you checked student funding, please describe: \_\_\_\_\_

<input type="checkbox"/> Child/Spousal Support	\$ _____	_____
<input type="checkbox"/> Resettlement Assistance	\$ _____	_____
<input type="checkbox"/> Self-employment	\$ _____	_____
( <input type="checkbox"/> taxi driver or <input type="checkbox"/> other, please describe: _____)		
<input type="checkbox"/> Foreign Country Income	\$ _____	_____
<input type="checkbox"/> Other	\$ _____	_____

(Including, but not limited to, oil royalties, commissions, bonuses, tips, lump sum insurance or employment settlements, structured settlements, annuities, inheritances, family or church assistance, rental revenue, investment income, etc.)

If you checked other, please describe: \_\_\_\_\_

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GST rebate \$ \_\_\_\_\_ per 3 months

Child tax benefits \$ \_\_\_\_\_ per month

Family Employment Tax Credit \$ \_\_\_\_\_ per 6 months

*DO NOT INCLUDE Universal Child care Benefit or Working Income Tax Benefit.*



**Assets and money of all household members**

	<b>Total Amount/Value</b>		<b>Total Amount/Value</b>
Cash on hand	\$ _____	Home or Property	\$ _____
Money in bank	\$ _____	Address or legal description:	_____
Stocks, Bonds, GICs	\$ _____	Business	\$ _____
RRSPs	\$ _____	Address or legal description:	_____
RESPs	\$ _____	Start-up date	_____
Other investments (including all foreign sources)	\$ _____	Please indicate type of registration:	
		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Company

**Vehicle**

Owned    Leased   If owned, do you have a loan and for how much? \_\_\_\_\_

Make \_\_\_\_\_   Model \_\_\_\_\_   Year \_\_\_\_\_   Plate \_\_\_\_\_   Color \_\_\_\_\_

**Pets**

Indicate if you have a pet:

Dog: Breed: \_\_\_\_\_ Size: \_\_\_\_\_    Cat    Rabbit    Other: \_\_\_\_\_

The information provided on this application form is accurate and complete. I/we authorize CRHC to verify all statements made by me/us in this application.

\_\_\_\_\_  
(Applicant Signature) (Date)

\_\_\_\_\_  
(Co-Applicant Signature) (Date)

This information is required, under the *Alberta Housing Act*, to assess your eligibility for the rent-geared-to-income program, to determine the basic rent, and to determine the type and size of housing unit required. Information is protected by the privacy provision of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of personal information may be directed to an Information Clerk at the address and telephone number listed on this form.