



## **TRANSFER APPLICATION INSTRUCTIONS**

Transfer applications will be considered for the following reasons:

1. You require larger or smaller accommodation because of a change in your household's composition.
2. You require a different style of accommodation due to illness or other medical reasons. (Attach a doctor's letter explaining reason transfer is requested.)
3. You require a different area of the city, closer to a school that will provide for special needs of a dependent child. (Attach a letter from school principal, doctor or social worker explaining reason transfer is requested.)
4. You require a different location for personal safety (for example, leaving an abusive partner or witness protection). (Attach a copy of police report, court order, or other documentation to explain reason for transfer request.)

Before approval of a transfer application, tenants should have lived in their current accommodation for at least one year, have made prompt rental payments and have maintained their accommodation in an acceptable state of repair and cleanliness.

5. Answer all of the questions. Check mark  the boxes that are for yes or no answers and print the answers to the other questions in the space provided.
6. If a question does not apply to you, print N/A (for not applicable) as the answer.
7. Fill out a Pet Application form if you want to have a pet (cat, dog, etc.).
8. Fill out an Area List to tell us where you want to live.
9. You and any other people who are co-applicants, such as your husband, wife or interdependent partner, must sign the application.
10. The statutory declaration is a legal document that must be signed with a Commissioner for Oaths by you and any other co-applicants. We have Commissioner for Oaths at our office who will sign this document with you free of charge.

### **Information We Need You to Submit with Your Application Form**

1. Identification (I.D.) for all people on the application.
2. Copies of Landed Immigrant Papers for all people on the application who are Permanent Residents or refugees.



3. Copies of custody papers if you have joint or sole custody of your children.
4. Copies of Income Tax Returns (T1) and Assessment Notices (T452E) for all people in your household who had income from any source during the most recent tax year ended. You may submit the Assessment Notices when you receive them.
5. Proof of all income and money you and/or any of the people on the application, including your children, receive from any source at present. You may have one of our verification forms filled out or you may get a letter from your work, your Social Worker, Employment Insurance, etc. If you get a letter, it needs to answer the same questions that are on our verification form. If you are receiving AISH, please submit a copy of your most recent AISH stub.
6. Proof of full-time or part-time student status for all family members 15 years of age and older who have income from any source and who go to school.
7. If you need an interpreter, give us their name and telephone number.
8. If you own a house or property, you need to give us papers to show how much the house or property is worth. If it is being sold, you also need to give us the papers to show how much money you will receive when it is sold. If your house or property is being foreclosed, you need to give us a letter from the bank or your lawyer as proof.
9. If you own your own business, you need to give us a financial statement, including an income statement and balance sheet, for the most recent year ended.
10. If you want to run a business out of your home, you need to give us a letter asking for permission. In the letter, tell us what kind of business it is, if there will be people coming to and from your place at anytime, and if you will be keeping dangerous supplies or items that could easily catch on fire, such as equipment and cleaning solutions, in your home.
11. OPTIONAL: If you have a Personal Directive, and you want to give us the name and phone number of the person you have named to be responsible for your rental payments, tenancy and housing needs, please give us the information with your application.

We will let you know if you need to give us any other information after we have reviewed your application form.

All tenants must pay rent based on their income. They must also pay for electrical power to their premises and for the common areas. NOTE: As transferring tenants sign a new Residential Tenancy Agreement, their income is reevaluated and a new rent may be charged.
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Each housing unit comes with a fridge and a stove. We do not provide washers and dryers in our townhouses. The hook-ups are in the basement if you wish to provide your own appliances. The apartment buildings have coin operated washers and dryers in the laundry rooms.
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Capital Region Housing Corporation charges a security of not more than \$350.00 for Community Housing tenants. The security deposit is based on the first month's rent of the new tenancy and may increase from the security deposit charged on the previous tenancy.

Please be advised that a transfer fee and GST may be charged.

We are presently on a waiting list and we do not provide emergency housing.

Your application will be carefully reviewed. If you qualify, we will place your name on our waiting list and we will contact you when we find suitable housing for you.

Housing Services staff may be contacted by telephone Monday to Friday, 8:30 a.m. to 4:30 p.m. Please call 420-6161. If you need to see someone personally, you may visit our office Monday to Friday between 8:30 a.m. and 4:00 p.m. Housing Services Clerks will see you on a first-come, first-serve basis.

Applicants and tenants are required to provide complete and accurate information about gross household income, incomes of individual members of the household, assets of the household and characteristics and composition of the household when requested by Capital Region Housing Corporation. Applicants and tenants are also required to advise Capital Region Housing Corporation immediately of any changes in the income, assets, characteristics or composition of the applicant's or tenant's household that occur while waiting for placement and/or during the term of the Residential Tenancy Agreement. The information is required, under the *Alberta Housing Act*, to assess the household's eligibility for the rent-geared-to-income program, to determine the basic rent, and to determine the type and size of unit required. Information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of personal information may be directed to an Information Officer at the address and telephone number listed on page 1.



## Crime Free Multi-Housing Program

Capital Region Housing Corporation (CRHC), along with our tenants and the Edmonton Police Service, is part of the Crime Free Multi-Housing Program.

We are working together to ensure that criminal activity is reduced or eliminated from our rental properties in the Community Housing and Affordable Housing Programs. All CRHC complexes have been registered under this program.

Tenants consent to be part of the program. They are required to sign the *Residential Tenancy Addendum Agreement for Crime Free Multi-Housing Program of Edmonton* before they move in. By doing so, tenants agree that members of their household, their guests, and they will not engage in the following criminal activity on or about the premises:

- (a) any drug related criminal activity;
- (b) solicitation (sex trade workers and related nuisance activity);
- (c) street gang activity;
- (d) assault(s) or threatened assault(s);
- (e) unlawful use of a firearm; or
- (f) any criminal activity that threatens the health, safety, or welfare of the landlord, other residents, or persons on the residential property or residential premises.

If tenants or members of their household permit other persons onto the property or allow them to live in the premises, the tenants will be responsible for the actions of those persons and the consequences of those actions.

The *Addendum* allows for the police to release information about criminal activity to CRHC for the purpose of determining if a breach of the agreement has occurred.

**It is understood and agreed that a single violation of any of these provisions will result in the termination of the tenancy.**

**If you do not wish to be part of the Crime Free Multi-Housing Program, do not complete an application form for any Community Housing or Affordable Housing properties managed by CRHC.**





Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Social Insurance \_\_\_\_\_  
 First Name Middle Initial Last Name Year Month Day Number

Relationship to you: Husband [ ] Wife [ ] Common-law [ ] Common-law [ ] son [ ] daughter [ ] other [ ]  
 Husband Wife

Are they a Canadian Citizen? Yes [ ] No [ ] If no, are they a Permanent Resident? Yes [ ] No [ ]

Do they go to school full-time? Yes [ ] No [ ]

Do they have an income or receive money from any source? Yes  No

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Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Social Insurance \_\_\_\_\_  
 First Name Middle Initial Last Name Year Month Day Number

Relationship to you: Husband [ ] Wife [ ] Common-law [ ] Common-law [ ] son [ ] daughter [ ] other [ ]  
 Husband Wife

Are they a Canadian Citizen? Yes [ ] No [ ] If no, are they a Permanent Resident? Yes [ ] No [ ]

Do they go to school full-time? Yes [ ] No [ ]

Do they have an income or receive money from any source? Yes  No

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**Do your children live with you continuously? Yes [ ] No [ ]**

If no, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Income Information

Please complete this section for each person, including yourself and your children, who has income or receives money from any source.

Please check off all the incomes you and the people who will be living with you have, write in the monthly amounts before taxes and other deductions are taken off, and state the name of the person receiving each income.

Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> <b>Work and Employment</b> <input type="checkbox"/> Main Job Name of Company or Employer _____ <input type="checkbox"/> Second Job Name of Company or Employer _____ <input type="checkbox"/> Third Job Name of Company or Employer _____	_____  _____  _____	\$ _____  \$ _____  \$ _____		Employment Form (821-013)  Employment Form (821-013)  Employment Form (821-013)
<input type="checkbox"/> <b>Supports for Independence (SFI or Social Assistance or Adult Health Benefit)</b>	_____	\$ _____		Alberta Human Resources and Employment/Children's Services Form (821-012)
<input type="checkbox"/> <b>Semi-Independent Living Program Benefits</b>	_____	\$ _____		Alberta Human Resources and Employment/Children's Services Form (821-012)
<input type="checkbox"/> <b>Employment Insurance</b>	_____	\$ _____		Employment Insurance Form (821-015)



Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> <b>Student Funding</b> <input type="checkbox"/> Skills Development Grants <input type="checkbox"/> Maintenance Grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Training Grants or Allowances <input type="checkbox"/> Scholarships or Bursaries <input type="checkbox"/> Stipends	 <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	 \$ _____  \$ _____  \$ _____  \$ _____  \$ _____  \$ _____		 Student Funding Form (821-009) or a copy of your Notice of Assessment    Training Grants Form (821-016)  Letter from the company or organization giving you this award  Letter from school you work or do research for
<input type="checkbox"/> <b>Assured Income for the Severely Handicapped (AISH)</b>	 <hr/>	 \$ _____		 Alberta Human Resources and Employment/Children's Services Form (821-012)
<input type="checkbox"/> <b>Canada Pension (CPP)</b> <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Disability Child Benefits <input type="checkbox"/> Survivors Benefits <input type="checkbox"/> Orphans Benefits	 <hr/>	 \$ _____		 Alberta Security Form (821-011)







Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> <b>Tax Credits and Rebates</b> <input type="checkbox"/> GST Rebate (3 mos.) <input type="checkbox"/> Child Tax Benefits (ea. mo.) <input type="checkbox"/> Family Employment Tax Credits (6 mos.) <i>(DO NOT INCLUDE THE UNIVERSAL CHILD CARE BENEFIT OR THE WORKING INCOME TAX BENEFIT.)</i>	   	   		
<input type="checkbox"/> <b>Lump Sum Settlements</b> (including settlements from work, inheritance, insurance settlements, sale of effects, etc.)	 	 		A letter, or other proof, from the company, lawyer, insurance company, or other source, that states the amount
<input type="checkbox"/> <b>Family Assistance (including money relatives, friends, church, etc.)</b>	 	 		A letter from them that tells us how much money they give you each month
<input type="checkbox"/> <b>Resettlement Assistance</b>	 	 		A letter from Citizenship and Immigration Canada that tells us how much money you receive each month.
<input type="checkbox"/> <b>Rental Revenue (from house, farm, land, etc.)</b>	 	 		Real Estate Financial Statement (821-075)
<input type="checkbox"/> <b>Workers' Compensation Benefits</b>	 	 		Workers' Compensation Benefits Form (821-014)
<input type="checkbox"/> <b>Investment Income (including interest from bank account, bonds, GICs, etc.)</b>	 	 		A letter, or other proof from the bank or investment company, that states the amount you receive each month



Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> <b>Foreign Country Income (All Sources)</b>	_____	\$ _____		A letter, or other proof, from the company, group, bank or other source that tells us how much money you receive each month
<input type="checkbox"/> <b>Other Income (including commissions, bonuses, tips, royalties and/or all other income sources)</b>	_____	\$ _____		A letter, or other proof, from the company, group, bank or other source that tells us how much money you receive each month

**Your Assets, including belongings, property and money**

**Do you, or the people who will be living with you, own any vehicles (car, truck, motorcycle, camper, trailer, boat etc?)    YES     NO**

If yes, please complete this section for each one. If you need more space, please write on the back of this page.

Type of Vehicle (car, truck, motorcycle, etc.)	Year	Make/Model	Licence Plate Number	How Much Is It Worth?



**Assets, continued:**

**Do you, or any of the people who will be living with you own a home or property? YES  NO**

If yes, please complete this section.

Legal description and/or address : \_\_\_\_\_

Value of home or property \$ \_\_\_\_\_

Amount owing on the mortgage \$ \_\_\_\_\_

Is the home or property for sale? YES  NO

Is the home or property being foreclosed? YES  NO

Do you live in this home or property? YES  NO

Do you rent this home or property out to someone else? YES  NO

**Do you, or any of the people who will be living with you, own a business? YES  NO**

If yes, please complete this section.

Type of Business \_\_\_\_\_

Legal Description and/or Address \_\_\_\_\_

Date you started up or bought this business \_\_\_\_\_

Value of Business \$ \_\_\_\_\_

Other assets and money you and the people who will be living with you have	Total Amount
Cash on Hand	\$ _____
Money in the Bank	\$ _____
Stocks, Bonds, GICs	\$ _____
RRSPs	\$ _____
Other Investments	\$ _____
Money, Investments, etc in foreign countries	\$ _____



### Your Present Housing Information

What type of place do you live in?

Apartment

Number of Bedrooms \_\_\_\_\_

Townhouse

House

How long have you lived here? \_\_\_\_\_

### Other Information

Do you need a place that is wheelchair accessible? YES  NO

If yes, please explain why. \_\_\_\_\_

\_\_\_\_\_

Do you need support services (homecare, live-in aide, etc.)? YES  NO

If you have a live-in aide, please fill out this section:

Live-In Aide's:

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Gender: Male  Female

Do you think there will be any changes in your family's members? YES  NO

If yes, please fill out this section.

Expecting a baby  When? \_\_\_\_\_

Someone moving out  Who? \_\_\_\_\_ When? \_\_\_\_\_

Someone moving in  Who? \_\_\_\_\_ When? \_\_\_\_\_

Other  Please write down what the change will be \_\_\_\_\_

\_\_\_\_\_



**People we may call in case of an emergency**

Next of Kin: Relative / Friend / Business Associate

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

**Do you have a pet?** YES  NO  If yes, please describe your pet:

Cat  Rabbit  Dog  Other  \_\_\_\_\_

Breed \_\_\_\_\_

Size (height and weight) \_\_\_\_\_

Colour \_\_\_\_\_ Gender \_\_\_\_\_

Tenants must get written permission from the Landlord in order to have a pet. If you have not already done this, ask your Site Manager for a pet application form and a list of the rules and regulations.

**Why are you applying for a transfer?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_



Have you ever been transferred by Capital Region Housing Corporation before? **YES**  **NO**

If yes, please give us your previous address and explain why you transferred. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We understand that this application does not constitute an agreement on the part of Capital Region Housing Corporation or its agents to provide me/us with rental accommodation or rent subsidy. I/We acknowledge the right of Capital Region Housing Corporation or its agents at any time prior to the execution and delivery of a lease or rent subsidy 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 authorize Capital Region Housing Corporation or its agents to make any inquiries by any method the Housing Corporation deems necessary to verify information regarding my/our household composition, income, assets, employment or change in address. Discovery of false information will result in the cancellation of my/our application.

I/We also release and save harmless the persons and organizations from any and all claims, actions, demands, damages and expenses in connection with or arising out of such release of information to the Capital Region Housing Corporation.

I/We understand there may be legal penalties for providing false, misleading or incomplete documents on which Capital Region Housing Corporation relies to calculate my/our benefit of rent-geared-to-income.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

This application must be completed and signed in ink before it can be considered.

Please return this application to Capital Region Housing Corporation, 10232 – 112 Street. Notify Capital Region Housing Corporation immediately in writing of any change in your address, telephone number, amount, source or allocation of your household income, household composition, assets or rent.



**STATUTORY DECLARATION**

CANADA )  
PROVINCE OF ALBERTA )  
To Wit: )  
IN THE MATTER OF: application for receiving benefit from the  
Community Housing, Private Landlord Rent Supplement, Direct  
Rent Supplement, Fixed Rate Subsidy, and/or  
Affordable Housing Programs.

I, \_\_\_\_\_  
of \_\_\_\_\_ of the City of Edmonton, in the Province of Alberta, do solemnly  
declare that:

1. I am the person named as above in this statutory declaration;
2. All statements made by me in the application for Community Housing, Private Landlord Rent Supplement, Direct Rent Supplement, Fixed Rate Subsidy, and/or Affordable Housing Programs and/or in all applications for abatement of rent and/or in all applications for the annual review of my income for continued benefit of rent-gearred-to gross income under the Community Housing, Private Landlord Rent Supplement, Direct Rent Supplement, Fixed Rate Subsidy, and/or Affordable Housing Programs as hereto appended are to the best of my knowledge, information and belief, true, correct and complete in all respects;
3. I authorize any agency to release information to Capital Region Housing Corporation and/or its agents in their attempts to confirm and/or verify, **in any way Capital Region Housing Corporation and/or its agents deem necessary**, all information relating to household income, assets, household composition and/or household circumstances;
4. I release and save harmless the persons and organizations from any and all claims, actions, demands, damages and expenses in connection with or arising out of such release of information to the Capital Region Housing Corporation;
5. I authorize Capital Region Housing Corporation and/or its agents to **continue** to rely on this declaration to verify and confirm information, in any way, about my income, assets, household composition and any other circumstances related to me **throughout the term that I am eligible for the Community Housing, Private Landlord Rent Supplement, Direct Rent Supplement, Fixed Rate Subsidy, and/or Affordable Housing Programs** regardless of the length of the term of this eligibility;
6. I will advise Capital Region Housing Corporation and/or its agents **in writing** of any changes in my household's composition, amount of gross monthly income, source of income, allocation of income, assets, employment and/or address as soon as such change/s occur;
7. I authorize this statutory declaration to form part of my application.
8. I further declare that I understand there may be legal penalties for providing false, misleading, or incomplete documents on which Capital Region Housing Corporation relies to calculate my benefit of rent-gearred-to-income and/or my eligibility for Community Housing, Private Landlord Rent Supplement, Direct Rent Supplement, Fixed Rate Subsidy, and/or Affordable Housing Programs.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me at the City of }  
Edmonton in the Province of Alberta }  
this \_\_\_\_ day of \_\_\_\_\_, }  
A.D. 20 \_\_\_\_.

\_\_\_\_\_  
A Commissioner for Oaths in and for the  
Province of Alberta