



# Private Landlord Application Rent Supplement Program

REGISTERED OWNER		LANDLORD (Manager/Agent, if different from registered owner)	
Name	Telephone	Name	Telephone
Address		Address	
	Postal Code		Postal Code
Municipality		Municipality	

BUILDING LOCATION		
Building Name	Legal Description	
Address		
Municipality	Contact Name For Building Inspection	Telephone

BUILDING INFORMATION			
Year Built	<input type="checkbox"/> Town House	<input type="checkbox"/> Walk Up Apartment	<input type="checkbox"/> High Rise <input type="checkbox"/> Other:
Wheelchair Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Features:	

TOTAL NUMBER OF UNITS IN BUILDING		Occupancy Restrictions:
One Bedroom		
Two Bedroom		
Three Bedroom		
Other		

VACANT UNITS	Floor Area (Square Footage)	Number of Units in Building	Number of Vacant Units Available	Monthly Rent
One Bedroom				
Two Bedroom				
Three Bedroom				
Other				

SERVICES AVAILABLE	INCLUDED IN RENT	ADDITIONAL MONTHLY CHARGES	SERVICES AVAILABLE	INCLUDED IN RENT	ADDITIONAL MONTHLY CHARGES
<input type="checkbox"/> Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/> Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> T.V. - Cable	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/> Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Indoor Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/> Hot Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Outdoor Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/> Stove/Fridge	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

\_\_\_\_\_  
Signature of Landlord \_\_\_\_\_  
Date

This information is being collected under the authority of section 4(1) of the Rent Supplement Regulation under the Alberta Housing Act for the purpose of providing housing assistance, and will be protected under the provisions of the Freedom of Information and Protection of Privacy Act (FOIP). For FOIP related questions ONLY, contact the FOIP Coordinator at Alberta Seniors and Community Supports, Standard Life Centre, 10405 Jasper Avenue, Edmonton, Alberta, T5J 4R7, (780) 415-8039. (Outside Edmonton, call 310-0000 to be connected toll-free.)