

**CONFIDENTIAL APPLICATION FOR HOUSING AND SUBSIDY**



St. Albert Housing Society,  
1140, 13 Mission Avenue,  
St. Albert, Alberta T8N 1H6  
Phone (780) 544-2205

Complete application and return to the St. Albert Housing Society in person, by mail or Email:  
[info@stalberthousing.com](mailto:info@stalberthousing.com)  
[sahs207200@gmail.com](mailto:sahs207200@gmail.com)

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**A - PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Telephone Nos.: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: (month/day/year) \_\_\_\_\_

Marital Status: Married      Widowed      Single      Divorced      Separated

Are you a Canadian Citizen? \_\_\_\_\_ or Permanent Resident? \_\_\_\_\_

Are you a full-time student? \_\_\_\_\_

Do you have income from any source? \_\_\_\_\_

Are you currently living in St. Albert? \_\_\_\_\_

Why are you applying for subsidy or housing?

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

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**B- CURRENT ACCOMMODATION:**

What is your current accommodation?

House      Motel/Hotel      Apartment      Other \_\_\_\_\_

Is your accommodation shared? YES      NO

If you share accommodation, are these relatives?      YES      NO

How long have you lived at your current address?      Landlord's Name:

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Phone Number: \_\_\_\_\_ Months: \_\_\_\_\_ Years: \_\_\_\_\_

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What are your present monthly payments? Rent \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Heat \$ \_\_\_\_\_ Light \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

If this is an emergency, please explain

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

If you have been given a notice to vacate, please submit a copy of notice.

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

Is your housing unsafe or does it cause health problems for anyone? Please explain

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

If you have a support worker or other support service agency worker and you wish to provide their contact information please complete:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

If you need an interpreter, please provide their name and contact information:

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

**C - HOUSEHOLD INFORMATION**

**List all the household members who will be living with you (including children, common-law partner live-in aide)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: (month/day/year) \_\_\_\_\_

Relationship to you: spouse child other

Income/Revenue from any source \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: (month/day/year) \_\_\_\_\_

Relationship to you: spouse child other

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: (month/day/year) \_\_\_\_\_

Relationship to you:    spouse            child            other

Do your children live with you continuously? \_\_\_\_\_ If no, please explain \_\_\_\_\_

**\*Bedrooms are only assigned for children for whom you have full joint custody and whose primary, main residence is with you.**

Is wheelchair access required? \_\_\_\_\_

Are you expecting any changes to your family? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Indicate if you have a pet: Dog            Cat            Other \_\_\_\_\_

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**D - FINANCIAL INFORMATION**

Are you receiving a housing subsidy from Capital Region Housing or the St. Albert Rental Assistance Program? \_\_\_\_\_

<b>What are you sources of income?</b>	<b>Amount per month</b>
AISH	\$
Employment	\$
Alberta Works	\$
Child/Spousal Support	\$
Other	\$
<b>Total</b>	\$

If possible, attach a copy of your current year's Notice of Assessment (which you receive following filing of your Income Tax Return) to your Application Form.

**ASSETS**

Cash on hand: \_\_\_\_\_

Money in the Bank: \_\_\_\_\_

RRSPs, RESPs: \_\_\_\_\_

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Other investments or income: \_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Property ownership (full or partial) \_\_\_\_\_

Business ownership (full or partial) \_\_\_\_\_

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I/we understand that this application does not constitute an agreement on the part of the St. Albert Housing Society to provide me with rental accommodation or rent subsidy.

I/we authorize the St. Albert Housing Society or its agents to make any inquiries to any organization or individual to verify information regarding my/our household composition, income, assets, employment or address.

I/we consent to the St. Albert Housing Society 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 also release and save harmless the persons and organizations from any and all claims, actions, demand, damages and expenses in connection with or arising out of such release of information to the St. Albert Housing Society.

I/we understand there may be legal penalties for providing false, misleading or incomplete documents on which the St. Albert Housing Society relies to determine my/our eligibility for rental accommodation or rent subsidy and/or to calculate my/our benefit of rent-geared-to-income.

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Date

This information is collected in accordance with Section 33 of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is used by the St. Albert Housing Society to operate its business. Personal information is protected under FOIP

If you are eligible for subsidy or housing, you will be contacted by phone.

If you are ineligible, you will receive a letter of notification.

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**FOR OFFICE USE ONLY**

SUBSIDY \_\_\_\_\_ HOUSING AND SUBSIDY \_\_\_\_\_

Short term need \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Single Student \_\_\_\_\_

Dependents \_\_\_\_\_

CNIT Maximums \_\_\_\_\_

Rent to income \_\_\_\_\_

Utility Responsibility \_\_\_\_\_

Shared Accommodation \_\_\_\_\_

Overcrowding \_\_\_\_\_

Accessibility \_\_\_\_\_

Housing detrimental to Health \_\_\_\_\_

Assets \_\_\_\_\_

Emergency \_\_\_\_\_

Status of Application \_\_\_\_\_

If application refused, state reason:

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

Date application received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

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Housing Program Manager's Signature \_\_\_\_\_ Date: \_\_\_\_\_