

CONFIDENTIAL APPLICATION FOR RENTAL SUBSIDY



St. Albert Housing Society,  
2236, 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)

❖ APPLICANT INFORMATION

Last Name:		First Name:		Middle Initial:
Home Telephone No.	Work Telephone No.	Cell No.	Email	
Current Address				
				Postal Code

Gender M  F  Self-identify  \_\_\_\_\_

Date of Birth \_\_\_\_\_  
MM DD YYYY

Status in Canada  Canadian Citizen  
 Permanent Resident  
 Other – please explain \_\_\_\_\_

Are you a student:  Yes  No Full Time  Part Time

Are you currently living in St. Albert?  Yes  No

Why are you applying for subsidy for your rental housing?

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**❖ RENTAL INFORMATION**

<b>Current Housing Information</b>		
Start of Occupancy Month:                      Year:	Number of Bedrooms: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	
Which utilities do you pay?    Power <input type="radio"/> Heat <input type="radio"/> Water <input type="radio"/>		
Cost of rent    \$	Do you have a tenancy agreement? Yes <input type="radio"/> No <input type="radio"/>	
<b>Current Landlord Information</b>		
<i>Name</i>	<i>Address</i>	<i>Phone</i>

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

Family Name	Given Name	Relationship to Applicant	Gender	Date of Birth MM/DD/YYYY	Is this person a full time student?

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

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

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

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

Name of Support Worker	Agency	Contact Number

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

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**❖ FINANCIAL INFORMATION**

Employer	Dates of Employment MM/YYYY to MM/YYYY	Hours/Week	Salary

Other sources of income?	Amount per month
AISH	\$
Employment	\$
Alberta Works Income Support	\$
Child/Spousal Support	\$
Child Tax Benefit	\$
Alberta Child Benefit	\$
Disability Benefit	\$
Employment Insurance	\$
Workers' Compensation Board	\$
Student Loans/Grants	\$
Other	\$

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	Value
Cash/Money in the bank	
Other:	

Vehicle		Monthly Payment
Make	Model	

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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, 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.

**Send applications to:**  
**St. Albert Housing Society**  
**2236, 13 Mission Avenue**  
**St. Albert, AB**  
**T8N 1H6**