

Name: _____ Phone: _____ Date Received : _____
Office Use Only

HOUSING & RENTAL ASSISTANCE APPLICATION

Camrose Service Center	4612-53 Street, Camrose, AB. T4V 1Y6	Housing.Camrose@bethanygrp.ca	Tel: 780-679-2002 Fax: 780-679-3054
Flagstaff Service Center	4401 47 Street Forestburg, AB T0B 1N0		Tel: 780-582-0007 Fax 780-582-3733
Lacombe Service Center	4508 C&E Trail Lacombe, AB. T4L 1V9	Housing.Lacombe@bethanygrp.ca	Tel: 403-782-4118 Fax: 403-782-4119
Parkland Foundation	4035 50 Avenue Innisfail, AB T4G 1B1	Info@parklandfoundation.ca	Tel: 403-227-4180 Fax: 403-865-4361
Wetaskiwin Service Center	300, 4501-60Street, Wetaskiwin, AB. T9A 1X7	Housing.Wetaskiwin@bethanygrp.ca	Tel: 780-352-4435 Fax: 780-352-4458

Please use the following Checklist-Applications will not be processed unless all documentation is provided and all questions are fully answered

- If a question does not apply to your situation, mark N/A in the section.
- Please attach **all required information and any other information for processing**

You are required to provide verification of the following (copies can be made in office):

- Photo ID – Verified in office Yes No By: _____
- Income Verification documentation as per *Page 7*
- Notice of Assessment showing Line 150000 for each member of your family age 22 years and older.

Rental Assistance Benefit Program Requirement:

- A signed lease agreement
- Three most recent months' rent receipts

If you are facing the following circumstances, please provide the following:

- Eviction- Attach a copy of an eviction notice from your landlord, with reason for eviction
- Emergency/Family Violence- Attach an Emergency Protection order OR a letter from an Agency, Shelter or Advocate stating why this is an emergency situation

***Please note this application will remain on file for 6 months. During this time, it is your responsibility to contact the office to report any changes in your circumstance.**

Please select the program and municipality you are applying for :

Affordable Housing:

- | | |
|---|--|
| <ul style="list-style-type: none">▪ Have a low to moderate gross income▪ Have less than \$25,000 in assets (not including personal vehicle)▪ Have acceptable rental reference from current or past landlord | <ul style="list-style-type: none"><input type="checkbox"/> Blackfalds<input type="checkbox"/> Camrose<input type="checkbox"/> Lacombe<input type="checkbox"/> Wetaskiwin (Seniors Only) |
|---|--|

Community Housing:

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Have gross household income below the applicable maximum set by the government of Alberta▪ Have less than \$25,000 in assets (not including personal vehicle)▪ Have dependent children▪ Rent is based on 30% of gross household income | <ul style="list-style-type: none"><input type="checkbox"/> Bowden<input type="checkbox"/> Camrose<input type="checkbox"/> Lacombe<input type="checkbox"/> Millet<input type="checkbox"/> Wetaskiwin |
|---|---|

Rent Assistance Benefit Program:

Shared Accommodation or Room & Board arrangements are not eligible for the rent assistance benefit

- | | |
|--|--|
| <ul style="list-style-type: none">▪ Be current resident of the municipality that they are applying within▪ Have gross household income below the applicable maximum set by the Government of Alberta▪ Have less than \$25,000 in assets (not including personal vehicle)▪ Current Residential Tenancy Agreement | <ul style="list-style-type: none"><input type="checkbox"/> Camrose & Area<input type="checkbox"/> Lacombe & Area<input type="checkbox"/> Wetaskiwin & Area |
|--|--|

Senior Self- Contained Housing: (make municipality selection on the following page)

- | |
|--|
| <ul style="list-style-type: none">▪ Each applicant should be age 65 or over▪ Each applicant must be functionally independent▪ Each applicant must have a core housing need (low to moderate income)▪ Rent is based on 30% of gross household income (as per Notice of Assessment) |
|--|

The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 33(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. Information acquired on this form will be kept secure and access is restricted. If you have any questions about the collection, contact the FOIP Coordinator at The Bethany Group Office, 4612 - 53 St., Camrose, AB T4V 1Y6. The phone number is (780) 679-2002

Senior Self Contained Housing: Select building you are interested in applying for below

Camrose Service Center	
Bashaw	<input type="checkbox"/> Heritage House 1 & 2 <input type="checkbox"/> Lakeside Home
Bawlf	<input type="checkbox"/> Sanden Court 1 & 2
Camrose	<input type="checkbox"/> Parkview Place <input type="checkbox"/> Wildrose Villa
Ferintosh	<input type="checkbox"/> Beaver Lodge
New Norway	<input type="checkbox"/> Nordic Villa
Flagstaff Service Center	
Alliance	<input type="checkbox"/> EO Lysne Manor
Daysland	<input type="checkbox"/> West Side Manor
Forestburg	<input type="checkbox"/> Big Knife Villa
Galahad	<input type="checkbox"/> Wheatland Manor
Hardisty	<input type="checkbox"/> Parkland Manor
Heisler	<input type="checkbox"/> Cozy Corner
Killam	<input type="checkbox"/> Manitou Manor
Lougheed	<input type="checkbox"/> Frontier Manor <input type="checkbox"/> Verdant Valley Villa
Sedgewick	<input type="checkbox"/> Prairie Rose Place
Strome	<input type="checkbox"/> Wavy Lake Manor

Lacombe Service Center	
Alix	<input type="checkbox"/> Lakeview Manor
Bentley	<input type="checkbox"/> Oxford Court
Blackfalds	<input type="checkbox"/> Tower Manor
Eckville	<input type="checkbox"/> Lions Golden Villas
Lacombe	<input type="checkbox"/> Cameron Manor <input type="checkbox"/> Parkview Manor <input type="checkbox"/> Spruce Terrace
Mirror	<input type="checkbox"/> Lamerton Place
Parkland Foundation	
Bowden	<input type="checkbox"/> Bow-Glen Court <input type="checkbox"/> Westview Manor
Innisfail	<input type="checkbox"/> Dodd's Lake Manor <input type="checkbox"/> Autumn Grove
Penhold	<input type="checkbox"/> Penhold Royal Manor
Delburne	<input type="checkbox"/> Elk Haven
Elnora	<input type="checkbox"/> Jubilee & Pioneer Manor
Wetaskiwin Service Center	
Millet	<input type="checkbox"/> John A. Smith Manor
Wetaskiwin	<input type="checkbox"/> Kiwanis Kourt <input type="checkbox"/> Legion Arms <input type="checkbox"/> Luther Manor

HOUSEHOLD MEMBERS

*Provide your information as it appears on your government issued identification.

Applicant Last Name(s) (current legal name)		First Name (current legal name)		Preferred Name (if different)	
Street Address			City	Province	Postal Code
Mailing Address (if different than above)			Phone		
			Cell:		Home/Work:
Email Address		I agree to receive e-mail		Preferred mode of communication	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
Gender		Birthdate (DD/MM/YYYY)		Full time student?	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident (Provide supporting documentation)	<input type="checkbox"/> Government Sponsored Refugee (Provide supporting documentation)	<input type="checkbox"/> Other: _____ (Provide supporting documentation)		

Co-Applicant Last Name(s) (current legal name)		First Name (current legal name)		Preferred Name (if different)	
Mailing Address (if different than above)			Phone		
			Cell:		Home/Work:
Email Address		I agree to receive e-mail		Preferred mode of communication	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
Gender		Birthdate (DD/MM/YYYY)		Full time student?	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident (Provide supporting documentation)	<input type="checkbox"/> Government Sponsored Refugee (Provide supporting documentation)	<input type="checkbox"/> Other _____ (Provide supporting documentation)		

Household Composition – Please list all individuals who will be living with you, should your application be approved

First Name	Last Name	Relationship to Applicant	Birthdate (DD/MM/YYYY)	Age	Gender Male/ Female/Other	Grade or Occupation
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	

Is a baby expected Yes No If YES Due Date: _____

Do the above listed children live with you full time? Yes No If NO please explain: _____

Rent monthly rent payment \$ _____ Other (explain living situation)
 Own

Which utilities do you pay? please include the average amount per month.
 Power \$ _____ Heat \$ _____ Water & Sewer \$ _____ None

Emergency Contact Name	Phone Number	Relationship

Permission to contact Emergency Contact for emergency or to discuss this application Yes No

Translator Name (if required) :	Translator Phone Number

Current Landlord Name: <i>Your current landlord will be contacted for rental reference</i>		
Address:	Landlord Phone:	Landlord Email:
Start of Occupancy (MM/YYYY)	Is this rental in arrears? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Rental Reference – Landlord's Name:	Landlord's Telephone Number:	
Have you received an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copy of notice	Have you given notice to vacate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copy of notice	
*Have you previously lived in subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Housing provider name:	Housing provider phone number	

HOUSEHOLD INFORMATION

Please check off any of the following population groups that apply to members of your household- [If you prefer not to answer the following questions please leave them blank.](#)

Do you, or a member of your household identify as Indigenous, including First Nations or Metis?	<input type="checkbox"/>
Do you, or a member of your household, identify as a member of the 2SLGBTQ+ community?	<input type="checkbox"/>
Do you, or a member of your household, identify as Racialized?	<input type="checkbox"/>
Are you, or a member of your household a current, or former member of the Canadian Armed Forces?	<input type="checkbox"/>
Are you, or a member of your household under the age of 24 and transitioning out of government care (e.g., foster home)?	<input type="checkbox"/>
Are you or a member of your household currently dealing with mental health concerns or addictions?	<input type="checkbox"/>
Are you at risk of, or currently experiencing or transitioning out of homelessness? Risk of homelessness may include if your current housing does not meet the adequacy, affordability or suitability standards, or if you have an eviction notice and must move out of your housing through no fault of your own.	<input type="checkbox"/>
Are you, or a member of your household fleeing violence? This may include domestic violence, family violence or human trafficking	<input type="checkbox"/>
Do you, or a member of your household have a physical or mental disability?	<input type="checkbox"/>
Are you, or a member of your household, a recent immigrant or refugee who has moved to Canada from another country in the last 5 years?	<input type="checkbox"/>

Are you losing your current accommodation due to an emergency? <input type="checkbox"/> Financial <input type="checkbox"/> Safety <input type="checkbox"/> Eviction <input type="checkbox"/> Other Please explain: _____
Is your current accommodation unsafe or causing or aggravating serious health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____

Is your current housing overcrowded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sharing any part of your current dwelling with people NOT applying on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or a member of your household have an accessibility need that is not met in your current housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____

HOUSING PREFERENCES

How many bedrooms are in the home you live in? _____	How many bedrooms do you and your family use? _____
Does a member of your household require wheel chair accessibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you climb Stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We live in a hostel, hotel, on the street, or do not have a permanent address?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PETS

[There are very few units that allow pets: therefore, having a pet may make your wait for housing longer.](#)

Do you have a pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of pet(s):	Weight:
I am willing to find a new home for my pet: <input type="checkbox"/> Yes <input type="checkbox"/> No		

INCOME INFORMATION

If any household member receives any of the following payments, please include documentation for verification

Income Sources	Applicant Gross Monthly Income	Co-applicant Gross Monthly Income
<input type="checkbox"/> Old Age security		
<input type="checkbox"/> Guaranteed Income Supplement		
<input type="checkbox"/> Alberta's Senior Benefit		
<input type="checkbox"/> Canada Pension Plan Include proof for survivor, children, or disability benefits)		
<input type="checkbox"/> Private Pension		
<input type="checkbox"/> (AISH) Assured Income for Severely Handicapped Include a copy of the 3-part medical services card with names, address and budget amount		
<input type="checkbox"/> Employment Income Have employer fill out attached Income Verification Form		
<input type="checkbox"/> Employment Insurance Include one current payment receipt/cheque stub or the confirmation of gross weekly amount (My Current Claim)		
<input type="checkbox"/> Income Support (Social assistance, Alberta Works) Include a copy of the 3-part medical services card with names, address and budget amount		
<input type="checkbox"/> Investments Include a copy of all investments excluding TFSA, RESP, RRSP & RRIF		
<input type="checkbox"/> Self Employment		
<input type="checkbox"/> Spousal Allowance Include proof of support (letter from your spouse or a copy of the court order)		
<input type="checkbox"/> Student Loans & Grants Include a copy of the School Funding or letter of registration		
<input type="checkbox"/> Other Income: _____ Interest, treaty benefits, royalties. Etc. Include proof		

ASSET INFORMATION

Assets	Total Value/Amount
Cash money in the bank	\$
Stocks, Bonds, Mutual Funds- Specify _____	\$
Other Assets (boat, rv, etc.)- Specify _____	\$
Mortgages (amount in repayment)	\$
Additional property or real Estate- Specify _____	\$
Current Vehicle(s) Value	\$
Vehicle 1. Make: _____ Model: _____ License Plate: _____	
Vehicle 2 Make: _____ Model: _____ License Plate: _____	
Amount Owing on Vehicle \$ _____ Monthly Payment\$ _____	\$
Other _____	\$

Please provide any additional information you would like us to be aware of:

Applicants Acknowledgement – PLEASE READ CAREFULLY

I understand this application does not constitute an agreement on the part of The Bethany Group or its Housing Management Body partners or agents to provide me with rental accommodation.

I further acknowledge the right of The Bethany Group or its Housing Management Body partners or agents at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize The Bethany Group or Housing Management Body partners or agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel further consideration of my application.

I further agree that I am obligated to advise The Bethany Group or Housing Management Body partners or agents **in writing** of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.

I further agree the information provided by me pertains to all persons named within this application.

I further agree to give permission for current or past landlords and employers to release any information which directly affects this application for subsidized housing.

Applicant

Co-applicant

INCOME AND EMPLOYMENT VERIFICATION FORM

I have made application for Rental Accommodation/Rent Subsidy and verification of my employment status and earnings is required. Please provide this information by completing and signing the lower portion of this form. It is important that the information be as accurate as possible. Your early attention to this request will be appreciated.

Company/ Employer Name	Applicant/ Employee Name
Street Address	Street Address
City/Town Postal Code	City/Town Postal Code
Telephone Number	Telephone Number

Signature of Employee

Date

The following information is provided in strict confidence as requested by the above employee.

GENERAL INFORMATION:

1. Is the employee currently employed by your firm? Yes No
2. Date employment commenced: Day _____ Month _____ Year _____
3. Number of months employed out of the past year: _____
4. Employee's present position: _____
5. Nature of employment: Full-time Part-time Seasonal Permanent Temporary

PAY INFORMATION:

1. If employee is on a fixed salary, please state **gross** monthly income \$ _____
2. If employee is on an hourly rate, state a) Hourly rate of pay _____ and b) Number of hours worked per week _____

EARNINGS TO DATE:

1. **Gross** income paid to this employee by your firm in the past 12 months. \$ _____
2. How much of this income was for overtime? \$ _____
3. How much of this income was for bonus/commission? \$ _____

PROSPECTS FOR CONTINUED EMPLOYMENT:

Good Fair Poor

COMMENTS: _____

I hereby certify the information given in this declaration is true, correct, and complete to the best of my knowledge.

Printed Name

Position

Signature of Employer

Date

WARNING: "IF THE EMPLOYER DELIBERATELY SUBMITS FALSE INFORMATION WHICH BECOMES A BASIS FOR ASSISTANCE/APPROVAL AND WHICH ASSISTANCE/APPROVAL WOULD NOT HAVE BEEN OTHERWISE GRANTED HAD THE CORRECT INFORMATION BEEN SUBMITTED, THIS IS AN OFFENSE UNDER THE CRIMINAL CODE OF CANADA."