

Newell Housing Association

RENTAL PROCEDURES

1. Complete the *Application for Accommodation- Community Housing Form*. This is also the Direct Rent Supplement Application.
2. Attach to the application form two character references that are not related to you by blood, marriage, or adoption.
3. The application is to be signed in the presence of a Commissioner of Oaths. (Please read the 5th page of the application thoroughly.) You may attend a Commissioner of Oaths of your choice, or there is a Commissioner of Oaths at our office.
4. When it appears that there is a house becoming available for you;
 - a. You will be requested to attend the office for an interview, and to bring with you your payroll stubs from the last 3 pay periods
 - b. You will be required to pay a Security Deposit at the time of the interview. The Security Deposit amount and your monthly rent amount will be calculated using your payroll information.
 - c. References will be contacted.
 - d. Within a week of your interview date you will be advised if you have been accepted as a tenant.
 - e. It is your responsibility to give notice to your landlord
5. If for any reason you have not been accepted as a tenant your Security Deposit will be returned. The acceptance or refusal of an applicant is at the sole and absolute discretion of Newell Housing Association management.

Application for Accommodation- Community Housing (CONFIDENTIAL)

PLEASE READ CAREFULLY
INSTRUCTIONS FOR COMPLETING APPLICATION

Complete all questions, supplying all of the requested information. If a question does not apply to you or your situation mark N/A in the section.

You will be required to provide the following;

- A signed letter from the employer of each working member in your family stating the rate of pay, number of hours worked, total earnings and start date of current employment.
- If you or any member of your family is receiving Unemployment Insurance, Workers Compensation, or Social Assistance, a letter from the appropriate office must be attached verifying the amount of the benefit.
- Documentation to verify all other sources of income (Other than Family Allowance) i.e. Child Support, oil royalties, etc.
- A copy of your most recent pay cheque, benefit cheque, pension cheque, etc. or a stub from these for each member of your family receiving income from any source.
- If you are a student, a letter from the registrar of your school verifying your registration as a full time or part time student. This is required for household head, spouse and all dependants over the age of 18 years.
- A copy of your valid Alberta Health Care Card

Your completed application must be signed in the presence of a Commissioner of Oaths in and for the Province of Alberta. This service is provided at our office at no charge.

This application will NOT be processed
Unless all questions are fully answered.

If a translator is required to complete this application please provide their name and telephone number.

Name

Telephone Number

Application for Accommodation- Community Housing

PLEASE PRINT

Please answer all questions.

Date _____

1. Applicants name _____
(LAST) (FIRST)

Home Telephone _____ Business Telephone _____

Alberta Health Care # _____

2. Spouses Name _____
(LAST) (FIRST)

Alberta Health Care # _____

3. Marital Status Married Widowed Single
 Separated Common-law

If common-law or separated please state how long _____

4. List all persons, including yourself, who will be living with you

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	BIRTHDATE (day/month/year)	OCCUPATION/ SCHOOL GRADE

Is a baby expected? Yes No

If yes, give estimated due date _____

5. Are all members listed above Canadian Citizens? Yes No
 If no, provide copies of immigration papers for members who are not Canadian Citizens

6. Present Address _____
(PO BOX/APARTMENT #/ STREET)

(MUNICIPALITY)

(PROVINCE)

(POSTAL CODE)

7. Do you own or rent your present accommodation? Own Rent

Present rent or house payment is \$_____ per month, plus \$_____ for gas,
 \$_____ for electricity, and \$_____ for water and sewer

8. If renting, name of current landlord _____

Address _____

Phone _____

9. Is your present accommodation a House Townhouse Apartment
 Rooming House Hotel/Motel
 Other _____

10. Rooms in your present accommodation Kitchen Living room Dining room
 Number of Bedrooms ____ Number of Bathrooms ____

11. Do you share any part of the accommodation with person(s) other than those listed in question 4?
 Yes No If yes, how many other persons? Adults ____ Children ____
 What part(s) of the accommodation is shared? _____
 If you do not pay rent, do you contribute financially? Yes No
 If yes, specify _____

12. Is any member of your family physically handicapped? Yes No
 If yes, specify _____
 Do you require a handicapped unit? Yes No

13. Do you have a pet? Yes No
 If yes, what kind(s) and how many of each? _____

14. Reasons for wanting to move _____
 If you have been given a 'Notice to Vacate' or 'Eviction Notice' please submit a copy.

15. Statement of Income. All information regarding your family's income must be complete and accurate. Provide details of current employment and employment held in the last 12 months.
 Applicants name _____ Social Insurance Number _____

Company and Address	Employed		Rate of Pay		Hours Per Week
	From	To	Gross Monthly	Hourly	

When did your spouse last work? Month ____ Year ____

Co- Applicants name _____ Social Insurance Number _____

Company and Address	Employed		Rate of Pay		Hours Per Week
	From	To	Gross Monthly	Hourly	

Other household member _____ Social Insurance Number _____

Company and Address	Employed		Rate of Pay		Hours Per Week
	From	To	Gross Monthly	Hourly	

Other household member _____ Social Insurance Number _____

Company and Address	Employed		Rate of Pay		Hours Per Week
	From	To	Gross Monthly	Hourly	

I understand that this application does not constitute an agreement on the part of Newell Housing Association or its agents, to provide me with rental accommodation.

I further acknowledge the right of Newell Housing Association, or its 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 Newell Housing Association, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise Newell Housing Association, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

WITNESS

APPLICANT

WITNESS

APPLICANT

DOMINION OF CANADA)
PROVINCE OF ALBERTA) IN THE MATTER OF THIS APPLICATION FOR DWELLING
TO WIT:) ACCOMMODATION IN THE HOUSING PROJECT.

I/we _____, of the _____ of _____,
In the Province of Alberta, do solemnly declare as follows:

1. That I/we am/are the applicant(s) named in the said application:
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects.
3. That I/we have resided in the Province of Alberta _____ years of my/our life/lives and in the district
4. for _____ years;

And I/we 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 and by virtue of the "Canada Evidence Act."

Declared before me)
at the of) _____
in the Province of Alberta) Signature of Applicants
) _____
Signature of Applicants

A Commissioner for Oaths in the Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment expires on _____
Day/Mo/Yr