

**APPLICATION FORM - Community Housing and Direct Rent Supplement**

Office Use Only

Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING APPLICATION:**

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. Space is provided for any other information of which you would like us to be aware of.

You will be required to provide the following:

- Photo ID
- Alberta Health Care cards for yourself and your dependents
- A signed lease agreement and three-most recent month's rent receipts
- A signed letter from the employer of EACH working member in your family stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment. Also a copy of your TWO most recent pay cheques.
- If you or any member of your family is receiving Employment Insurance, Worker's Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit.
- Documentation to verify all other sources of income (i.e. child support, oil royalties, etc.) by a bank statement, benefit cheque, pension cheque, etc
- If you are a student, a letter from the registrar of your school verifying your registration as a full-time or part-time student and all funding documents. This is required for household head, co-applicant and all dependents over the age of 18.
- A current Tax return, Notice of Assessment, Child Tax Credit and GST rebate.

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Your application shall be held for two weeks to allow you time to obtain the information we require. After two (2) weeks, if the required information is not received, your application will be cancelled. It is your responsibility to contact this office to **report in writing** any changes in your circumstances that affect your application.

**APPLICATION FORM - Community Housing and Direct Rent Supplement****CONFIDENTIAL** please read carefully

Indicate which program you are applying for: Community Housing Direct Rent Supplement

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

I further acknowledge the right of RIMOKA HOUSING FOUNDATION, 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 RIMOKA HOUSING FOUNDATION, 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 RIMOKA HOUSING FOUNDATION or its 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.

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Signature of Applicant

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Signature of Co-Applicant

**APPLICATION FORM - Community Housing and Direct Rent Supplement**  
**(CONFIDENTIAL PLEASE READ CAREFULLY)**

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PLEASE PRINT AND ANSWER ALL QUESTIONS

1. **APPLICANT'S NAME:** \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Alberta Health Care No: \_\_\_\_\_ (DD/MM/YYYY)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

2. **CO-APPLICANT'S NAME:** \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_

Alberta Health Care No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

3. **MARITAL STATUS:**

Married  Common-law  Single  Divorced  Separated  Widowed

If Common-law or Separated, please state how long: \_\_\_\_\_

4. **PRESENT ADDRESS**

a.) **Street Address:** \_\_\_\_\_

\_\_\_\_\_  
(Municipality)

\_\_\_\_\_  
(Postal Code)

b.) **Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
(Municipality)

\_\_\_\_\_  
(Postal Code)

5. List all people who will be living with you, should your application be approved.

Last Name	First Name	Relationship to Applicant	Birth Date Month/Day/Year	Occupation or School Grade

Do the children listed above live with you now? Yes  No

Is a baby expected? Yes  No  If yes, give estimated due date: \_\_\_\_\_

6. Are all members listed above Canadian Citizens? Yes  No

If no, please provide copies of immigration papers for members who are not Canadian Citizens.

(ie: Landed Immigrant, Sponsored Immigrant, Permanent Resident, Refugee, etc.)

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

8. Present rent or house payment \$ \_\_\_\_\_ plus,  
Heat \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_ Water/sewer \$ \_\_\_\_\_

9. Present Landlord's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What date did you move to this address? \_\_\_\_\_

10. If you've lived less than two years at the present address, please list previous landlord(s).

Previous Landlord's Name	Address	Phone Number	Length of Tenancy	Monthly Payment	Reason for Leaving

11. PRESENT ACCOMMODATIONS:

House  Townhouse  Apartment  Rooming House  Hotel/Motel

Other \_\_\_\_\_

12. Rooms in your present accommodations: Kitchen  Living Room  Dining Room

# of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_

13. Do you share any part of this accommodation with person(s) other than those listed in this application?

Yes  No  If yes, how many other persons? # of Adults \_\_\_\_\_

# of Children \_\_\_\_\_

What part of the accommodation is shared? \_\_\_\_\_

Do you pay rent? Yes  No  If no, do you contribute financially? Yes  No

If yes, please specify: \_\_\_\_\_

14. Is any member of your family disabled? Yes  No

If yes, please specify: \_\_\_\_\_

Do you require an accessible unit? Yes  No

15. Do you have pets? Yes  No  If yes, what? \_\_\_\_\_

16. Have you been a recipient of subsidized housing? Yes  No

If yes, When? \_\_\_\_\_

If yes, Where? \_\_\_\_\_

17. Reasons for wanting to move:

Health  Safety  Financial  Location  Eviction

Other, please explain \_\_\_\_\_

Provide any additional information regarding your present accommodation that you would like us to be aware of: \_\_\_\_\_

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 **If you have been given a "NOTICE TO VACATE", please submit a copy of the notice stating the reason for eviction.**

18. ASSETS:

Please list the total value of all assets and investments as well as interest or income from investments.  
Provide statements and tax slips for verification.

Assets	Dollar Value
Cash	\$
Bank Accounts	\$
Stocks, Bonds, Mutual Funds	\$
RRSP, RRIF, Tax Free Savings Accounts	\$
Other Assets (ie: RV, ATV, boat, camper, tools, etc)	\$
Real Estate	\$
Mortgage	\$
Vehicle	\$
Provide—Year/Make/Model	
Vehicle	\$
Provide—Year/Make/Model	

**NOTE: Essential personal and household effects such as clothes, furniture, etc. are not included in assets.**

19. STATEMENT OF INCOME:

All information regarding your family's income must be complete and accurate. Include details of all employment held over the last twelve (12) months.

APPLICANT'S NAME: \_\_\_\_\_

Company Name	Address	Date of Employment (To/From)	Gross Monthly Pay	Hourly Rate	Hours per Week

CO-APPLICANT'S NAME: \_\_\_\_\_

Company Name	Address	Date of Employment (To/From)	Gross Monthly Pay	Hourly Rate	Hours per Week

OTHER HOUSEHOLD MEMBER: \_\_\_\_\_

Company Name	Address	Date of Employment (To/From)	Gross Monthly Pay	Hourly Rate	Hours per Week

20. OTHER INCOME

Have you received any other sources of income in the past twelve (12) months?

Source of Income	Name of Family Member in Receipt	Start Date	End Date	Gross Monthly Income
1. Student Grants/Allowances				
2. Employment Insurance				
3. Worker's Compensation				
4. Income Support Benefits				
5. AISH				
6. Child Support/Alimony				
7. Child Tax Credit				
8. Other Income (tips, interest, treaty benefits, royalties, etc)				
9. CPP Disability				
10. Pensions				
A. Old Age Security				
B. Guaranteed Income Support				
C. CPP (retirement, widow, orphan)				
D. Alberta Seniors Benefits				
E. Veteran's Affairs				
f. Private Pension				
G. Other				
11. Income from Self Employment				

**\*\*Details of self-employment must be outlined by the submission of a financial statement subject to review by the Housing Authority.**

*This information is being collected for the purpose of the application process. All information collected for this purpose will be kept confidential as per the Freedom of Information and Protection of Privacy Act.*

21. FOR APPLICANT'S USE

Other related information you wish to provide. Attach a separate sheet if more space is needed.

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This application will not be processed, unless all questions are fully answered, most recent tax year's notice of assessment is included, and is signed by a commissioner for oaths.

**APPLICANTS WILL BE SEEN BY APPOINTMENT ONLY**

*Applications will be kept on file for one year. If you wish to remain on the waitlist you MUST re-apply prior to the one year, or you will be removed from the waitlist.*



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