



Supportive Housing Services

4503 52<sup>nd</sup> Ave, Whitecourt AB T7S 1M4  
Box 299 Mayerthorpe AB T0E 1N0  
Tel: (780) 778-3623 or (780) 786-3100  
Fax: (780) 786-4810  
E-mail: shservices@lsaf.ca

## LSAF Housing & Subsidy Application – Instructions

***YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETED IN FULL AND ALL REQUIRED SUPPORTING DOCUMENTATION AND VERIFICATION IS ATTACHED***

**Please read the instructions carefully before completing the application form. If you have any questions, contact the Supportive Housing Services manager at the telephone number listed above.**

**NOTE:** THERE IS CURRENTLY A WAITING LIST FOR ALL HOUSING & SUBSIDY PROGRAMS. WE DO NOT OFFER EMERGENCY HOUSING OR FUNDING.

1. This application must be completed and signed ***in ink*** before it can be considered. Contact the Lac Ste. Anne Foundation Supportive Housing Services Office at the address noted above, to set up an appointment. Do not write in the shaded areas marked 'office use only'.
2. Answer all of the questions. Check-mark the boxes  that are for 'yes' or 'no' answers and print answers to the other questions in the space provided.
3. If a question does not apply to you, print N/A (for Not Applicable) as the answer. Do not leave any blanks.
4. All co-applicants must sign the application.
5. The Statutory Declaration is a legal document that must be signed with a Commissioner of Oaths by all co-applicants. Your application will not be considered until this declaration has been signed in the presence of a Commissioner of Oaths.
6. LSAF uses the Social Housing Accommodation Regulation to determine the appropriate unit size for your family. Bedrooms are only assigned for dependent children who are in the sole or joint custody of the applicant and whose primary and main residence is with the applicant.

**Information to be submitted with the Application Form:**

**(Do not include original documents; please provide photocopies only.)**

- Government-issued photo identification** (Photo I.D.) for all family members over the age of 18. This must be submitted before housing or subsidy will be offered.
- Alberta Health Care** cards for all family members.
- Permanent Resident cards or landed Immigrant papers** for all people on the application who are permanent residents or refugees (copies of front and back).
- Custody documents** if you have sole or joint custody of your children.
- If you are expecting a baby**, please include a doctor's note verifying the estimated due date.
- Most current Income Tax Returns (T1)** – (what you submit to Revenue Canada) for all people in the household who had income during the most recent tax year.

- Most current Notice of Assessment** – (what Revenue Canada returns to you)  
(Contact Canada Revenue Agency at 1-800-959-8281 to request replacement documents if required.)
- Proof of all income and money** that you or any of the people on the application, including children, presently receive from any source. This includes EI, AISH and Social Assistance. You may obtain a letter from your work, your Social Worker, Employment Insurance, Pension provider, etc. The letter must state the gross amount you receive per month (the amount before taxes or deductions). If you work the letter must state the number of hours you work per week and your rate of pay. Submit copies of your three (3) most recent pay stubs, benefit cheque stubs, or other documentation to verify your current income.
- Three most recent bank statements** from **all** household bank accounts.
- If you are self-employed or own your own business**, income may be verified by a financial statement and balance sheet for the most recent year ended. (NOTE: If you want to run a business out of your home, and you are applying for rental premises with LSAF, submit a letter requesting permission. In your letter, state the nature of the business, if there will be increased traffic to and from your home, and if you will be storing flammable or dangerous goods and/or equipment in the rental unit.)
- Proof of full-time or part-time student status** for all family members 15 years of age or older who have income from any source and who go to school. Please indicate the program registered in and the expected graduation date. If funding is provided by Alberta Works Income Support, include a copy of the funding information.
- If you own a house or property**, submit documents showing the value of the property. If to be sold, verify how much money you will receive after the sale. If the property is being foreclosed, submit a letter from your lawyer or bank as proof.
- Notice to Vacate or Foreclosure papers** are required if you have been issued a notice to terminate your tenancy or have had your home foreclosed.
- Current** landlord's name, address and telephone number.
- Lease Agreement, Rent Receipts, and Notice of Rent Increase:** Please provide a copy of your current lease and three (3) months of rent receipts.

FINAL APPROVAL OF YOUR APPLICATION IS SUBJECT TO OBTAINING ACCEPTABLE LANDLORD AND/OR CREDIT REFERENCES WHERE APPLICABLE, AND TO OBTAINING UPDATED VERIFICATION OF INCOME SHOWING YOU STILL QUALIFY FOR THE PROGRAM(S) AT THE TIME A SUBSIDY OR HOUSING UNIT IS OFFERED, AND/OR AN ACCEPTABLE PERSONAL MEETING WITH THE BUILDING MANAGER OR LANDLORD, WHERE APPLICABLE.

# LSAF HOUSING & SUBSIDY APPLICATION FORM

## Household Information

**Your Name:** \_\_\_\_\_  
First Name Middle Name Last Name

**Address where you currently live:** \_\_\_\_\_  
Postal Code

**Mailing Address** (if different from above): \_\_\_\_\_  
Postal Code

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

Marital Status:  Married/Adult Interdependent Relationship  Single  
 Divorced/Separated  Widowed

Social Insurance Number: \_\_\_\_\_  
 Are you a Canadian citizen?  Yes  No or Permanent Resident?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you have an income from any source?  Yes  No

**Below list all the people who will be living with you (including children, spouse and/or live-in aide, if applicable)**

**Name:** \_\_\_\_\_  
First Name Middle Name Last Name

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Year Month Day

Relationship to you:  spouse/adult interdependent partner  son  daughter  live-in aide  
 other \_\_\_\_\_

Are they a Canadian citizen?  Yes  No If no, are they a Permanent Resident?  Yes  No

Do they go to school full-time?  Yes  No Do they have an income (any source)?  Yes  No

**Name:** \_\_\_\_\_  
First Name Middle Name Last Name

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Year Month Day

Relationship to you:  spouse/adult interdependent partner  son  daughter  live-in aide  
 other \_\_\_\_\_

Are they a Canadian citizen?  Yes  No If no, are they a Permanent Resident?  Yes  No

Do they go to school full-time?  Yes  No Do they have an income (any source)?  Yes  No

**Name:** \_\_\_\_\_  
First Name Middle Name Last Name

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Year Month Day

Relationship to you:  spouse/adult interdependent partner  son  daughter  live-in aide  
 other \_\_\_\_\_

Are they a Canadian citizen?  Yes  No If no, are they a Permanent Resident?  Yes  No

Do they go to school full-time?  Yes  No Do they have an income (any source)?  Yes  No

**(Use the back of this page or a separate sheet of paper if more space is required.)**

## OFFICE USE ONLY

### Dependents

1	3
2	6
3	9
4	12
5	15
6	18
7	21
8 or more	24

Total: \_\_\_\_\_

Do your children live with you continuously?

Yes  No

If no, please explain:

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

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

**Income Information**

*(ALL Income from ALL sources for ALL household members must be declared)*

**If you or another household member is employed, complete this section:**

Name of household member: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour or month). Hours per week: \_\_\_\_\_  
 Paid:  weekly  bi-weekly  semi-monthly  monthly

Name of household member: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour or month). Hours per week: \_\_\_\_\_  
 Paid:  weekly  bi-weekly  semi-monthly  monthly

**Other Income**

Amount per month Name(s) of Person(s) receiving income

- Child/Spousal Support \$ \_\_\_\_\_
- AISH \$ \_\_\_\_\_
- Income Support/Alberta Works \$ \_\_\_\_\_
- WCB \$ \_\_\_\_\_
- CPP \$ \_\_\_\_\_
- OAS \$ \_\_\_\_\_
- Alberta Seniors Benefit \$ \_\_\_\_\_
- Company/Group Pension \$ \_\_\_\_\_
- RRSP/RRIF Withdrawals \$ \_\_\_\_\_
- Tips \$ \_\_\_\_\_
- EI Benefits \$ \_\_\_\_\_
- Student Funding Grants \$ \_\_\_\_\_

\*If you checked **student funding**, please describe:

- CPP Death Benefits \$ \_\_\_\_\_
- Self-employment \$ \_\_\_\_\_
- ( Taxi driver or  other – please describe: \_\_\_\_\_)
- Lump-sum Insurance Settlement \$ \_\_\_\_\_
- Resettlement Assistance (RAP) \$ \_\_\_\_\_
- Lump-sum Inheritance \$ \_\_\_\_\_
- Foreign Country income \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

(including, but not limited to, oil royalties, commissions, bonuses, tips, lump sum insurance or employment settlements, structured settlements, annuities, inheritances, family or church assistance, rental revenue, investment income, etc.)

\*If you checked **'Other'**, please describe:

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

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**Income Thresholds**

**Whitecourt Area**

Bedroom Count	Maximum Monthly Income	Maximum Annual Income
1 bed	\$2,833	\$34,000
2 bed	\$3,167	\$38,000
3 bed	\$4,667	\$56,000
4+ bed	\$5,417	\$65,000

**Income Thresholds**

**Mayerthorpe/Onoway Areas**

Bedroom Count	Maximum Monthly Income	Maximum Annual Income
1 bed	\$3,167	\$38,000
2 bed	\$3,625	\$43,500
3 bed	\$3,917	\$47,000
4+ bed	\$4,833	\$58,000

Updated: August 2020

Total Income for Eligibility:

Adjusted Income for Rent Calculation:

**Rental History Information**

List all addresses for the past two (2) years minimum and landlord names, addresses and phone numbers.

**Current address:** \_\_\_\_\_

Rent or  Mortgage: \$\_\_\_\_\_ per month  
*(If you own your own home, mortgage documents, assessed value of property, foreclosure papers, etc. will be required)*

Is this room & board?  Yes  No  
 If yes, how much do you pay for **room only**? \$\_\_\_\_\_ per month

Utilities included in your rent:  Power  Heat  Water

Type of housing:

- Apartment  Townhouse  House  Mobile Home
- Rooming House  Group Home  Shelter  Motel/hotel
- Living with friends or family (shared)
- Other (please explain: \_\_\_\_\_)

Number of bedrooms you and your family occupy: \_\_\_\_\_

Dates of occupancy: from \_\_\_\_\_ to \_\_\_\_\_  
 (move in date) (move out date/present)

Landlord Information:

\_\_\_\_\_  
 Name Address

(\_\_\_\_\_) \_\_\_\_\_  
 Phone number

Reason for moving, if applicable:

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

**Previous address:** \_\_\_\_\_

Dates of occupancy: from \_\_\_\_\_ to \_\_\_\_\_  
 (move in date) (move out date/present)

Reason for moving:

\_\_\_\_\_

Landlord Information:

\_\_\_\_\_  
 Name Address

(\_\_\_\_\_) \_\_\_\_\_  
 Phone number

**(Use the back of this page or a separate sheet of paper if more space is required.)**

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Rent to Income

0 – 30%	0
31 – 35%	3
36 – 40%	6
40 – 45%	9
46 – 50%	12
51 – 55%	15
56 – 60%	18
61% or more	21

Total: \_\_\_\_\_

Utility Responsibility

Power	1
Heat	1
Water	1

Total: \_\_\_\_\_

Shared Accommodation

3

Total: \_\_\_\_\_

Overcrowding

Extra Bedrooms Required	
1	3
2	6
3	9
4+	12

Total: \_\_\_\_\_

**Other Information**

**Have you or anyone on the application previously applied with Lac Ste. Anne Foundation (LSAF)?**  Yes  No

**Have you or anyone on the application rented from or received a rent subsidy from LSAF?**

Yes  No

If you checked "yes", please state the address and when you lived there:

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

Dates of occupancy: from \_\_\_\_\_ to \_\_\_\_\_  
(move in date) (move out date)

**Have you or anyone on the application previously rented from any other Housing Management Body?**  Yes  No If yes which one(s): \_\_\_\_\_

**Do you or any member of your household have a mental illness or physical disability?**

Yes  No

If yes, state who: \_\_\_\_\_

What is the mental or physical disability? \_\_\_\_\_

Can they live independently?  Yes  No

If no, describe the support services they require:

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

**Are you expecting any changes to your family size (i.e. someone moving in or out, birth of a baby, etc.)?**

Yes  No If yes, please

explain: \_\_\_\_\_

When will the change occur? \_\_\_\_\_

(If you are expecting the birth of a baby, please provide a doctor's letter stating the estimated due date)

**Is wheelchair or scooter access required?**  Yes  No

If yes, please provide a doctor's letter.

If someone in your family uses a wheelchair or scooter, is your housing accessible for them?

Yes  No  Not needed

**Accommodation Detrimental to Health:** Is your housing unsafe or does it cause health problems (detrimental to health) for anyone?

Yes  No If yes, please explain:

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

**(Please provide statement from Alberta Health Services)**

**Pest Infestations:**  Bedbugs  Cockroaches  Mice  None

**Do you own a pet?**  Yes  No

If yes, what kind and how many? \_\_\_\_\_

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Ex-tenant file program:

Arrears:

\$ \_\_\_\_\_

Amount owing to :

Landlord

LSAF

Other Management Body

Accessibility

12

Total: \_\_\_\_\_

Housing Detrimental to Health

10

Total: \_\_\_\_\_

<b><u>Assets</u></b> (Include most recent 3 months of bank statements)	
<b>Assets and money of all household members</b>	<b>Total Amount/Value</b>
Cash on hand	\$ _____
Money in Bank	\$ _____
Stocks, Bonds, GICs	\$ _____
RRSPs/TFSA's	\$ _____
Other investments (including foreign sources) <small>*TFSA exempted from assets</small>	\$ _____
<hr/> <p><b>Vehicle</b>    <i>(Use the back of this page if more space is needed)</i></p> <p>Do you own a vehicle?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Do you lease a vehicle?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>When does your lease expire? _____  <span style="margin-left: 200px;">(Year/Month/Date)</span></p> <p>Value of vehicle            \$ _____</p> <p>Vehicle description</p> <p>Year: _____ Make: _____ Model: _____ Trim/Style: _____  <small style="margin-left: 300px;">Eg. S/SE, sedan, hatchback, etc.</small></p> <p>Outstanding balance on loan \$ _____</p> <p style="text-align: center;"><b><u>Provide copies of any lease or loan agreements for any of the above vehicle(s) to show outstanding balance owing</u></b></p> <hr/>	
<p><b>Home or Property</b></p> <p>Address or legal land description:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Value: \$ _____</p>
<p><b>Business</b></p> <p>Type of business: _____</p> <p>Address or legal land description:</p> <p>_____</p> <p>_____</p> <p>Start-up date: _____</p> <p>Please indicate type of registration:</p> <p><input type="checkbox"/> Proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation or Limited Company</p>	<p>Value: \$ _____</p>

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Assets

Limit \$25,000

Total: \_\_\_\_\_

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**Why are you applying for housing or subsidy?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Circumstances**

**Emergency Situation/Family Violence:** (\*must be able to live independently with community based services)

- Fire     Leaving abusive partner     Homeless
- Home condemned (Provide proof from Aspen Health)     Living in shelter, hotel or motel
- Discharge from hospital, group home or other institution

**Eviction:** *\*No points awarded for breach of lease.*

- Notice to Vacate or Foreclosure (*please provide copy*)

**Housing First Graduate:** (please provide proof)

\_\_\_\_\_

**Emergency Contacts – two names required with all information**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

If you have a **support worker, CLiP worker or Home Care worker**, please provide their name, phone number and agency:

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**(Your interpreter must be 18 years of age or older so that they can sign an affidavit.)**

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Emergency

15

Total: \_\_\_\_\_

Eviction:

15

Total: \_\_\_\_\_

Housing First Graduate:

15

Total: \_\_\_\_\_

**TOTAL SCORE:**

\_\_\_\_\_

Scored by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Priority Review Committee

Approved for waitlist

Denied

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**LAC STE. ANNE FOUNDATION SUPPORTIVE HOUSING SERVICES**  
 4503 52nd Ave, Whitecourt, AB T7S 1M4  
 Box 299 Mayerthorpe, AB T0E 1N0  
 Tel: (780) 778-3623 or (780) 786-3100  
 Fax: (780) 786-4810

**Authorization and Consent to Release Information**

Personal information, including information about gross household income, incomes of individual members of the household, assets of the household, and characteristics and composition of the household, is required, under the *Alberta Housing Act*, to assess the household’s eligibility for the rent-geared-to-income programs, to determine the type and size of housing unit required, and to determine priority for the waiting list. Information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of personal information may be directed to the Supportive Housing Services Manager at the address and telephone number listed above.

**I(We) agree to:**

**- Notify Lac Ste. Anne Foundation immediately, in writing, of all changes in my address, telephone number, amount, source, or allocation of your household income, household composition, assets, or rent from this day forward as changes occur; and annually upon request of the Lac Ste. Anne Foundation.**

**I(We) understand that:**

- this application does not constitute an agreement on the part of Lac Ste. Anne Foundation or its agents to provide me with rental accommodation.
- Lac Ste. Anne Foundation may withdraw, revoke or cancel my application for housing without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given.
- all information provided herein or in the future is subject to audit/investigation. Failure to provide information requested for income verification (auditing) purposes will result in cancellation of the application or termination of any agreements.
- discovery of false, misleading, or incomplete information/documentation on this application or any future document provided to Lac Ste. Anne Foundation to determine my(our) eligibility for rental accommodation or rent subsidy or to calculate my(our) benefit of rent-geared to income, may result in recovery action, criminal charges and termination of the agreement.

**I(We) authorize:**

- Lac Ste. Anne Foundation or its designate and any other agency to release and exchange any information and documents deemed necessary to verify information regarding my(our) household composition, household circumstances, income, assets, employment or current and previous addresses. This authorization shall be in place for the entire duration of my(our) agreement, if one is made. -I(we) authorize Lac Ste. Anne Foundation or its designate, to contact 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) understand and agree that Lac Ste. Anne Foundation may request information about my(our) current or previous tenancies including, but not restricted to, names of leaseholders and other occupants, dates of occupancy, addresses, rental payment history, maintenance and upkeep of the premises, conduct of occupants and guests, compliance with the rules and regulations of the residential tenancy agreements, and reasons for vacating if possible.
- I(we) also release and save harmless those persons and organizations from any and all claims, actions, demands, damages and expenses in connection with or arising out of such release of information to Lac Ste. Anne Foundation.

I(We) have read and fully understand the above authorization and release.

\_\_\_\_\_  
 (Applicant Name – please print)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Co-applicant Name – please print)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Witness -- please print)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

**The statutory declaration is a legal document that must be signed with a Commissioner for Oaths by all co-applicants.  
We have Commissioners for Oaths at our office who can sign this document with you free of charge.**

STATUTORY DECLARATION

CANADA )  
PROVINCE OF ALBERTA )  
To Wit: ) IN THE MATTER OF: application for receiving benefit of  
rent-geared-to-income under the Community Housing,  
Private Landlord Rent Supplement, and/or Direct Rent  
Supplement Programs

I, \_\_\_\_\_ of the \_\_\_\_\_ in the Province of Alberta,  
do solemnly declare as follows:

1. I am the person named on the said application;
2. That all statements made by me and information given in the said application are true and complete in all respects;
3. I authorize Lac Ste. Anne Foundation to continue to rely on this declaration to verify and confirm information related to me, in any way, throughout the term that I am eligible for the rent subsidy programs regardless of the length of the term of this eligibility; and
4. I authorize this statutory declaration to form part of my application.

I have resided in the Province of Alberta for \_\_\_\_\_ years of my life and in the LSAF district for \_\_\_\_\_ years.

And I 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 by virtue of the "*Canada Evidence Act*".

Declared before me at the	)	_____
_____	)	Signature of Applicant
in the Province of Alberta	)	
this ____ day of _____,	)	
A.D. 20____.	)	

\_\_\_\_\_  
A Commissioner for Oaths in and for  
The Province of Alberta

\_\_\_\_\_  
Printed Name of Commissioner for Oaths

My Appointment expires on: \_\_\_\_\_  
(dd/mm/yyyy)