

***Our Mission***  
*We will provide affordable housing alternatives to citizens within the Regional Municipality of Wood Buffalo*

## HOUSING APPLICATION INFORMATION

**IMPORTANT: PLEASE READ BEFORE COMPLETING APPLICATION**

### **The Application Package:**

In addition to this information sheet, this application package contains an application form and several forms regarding income verification. Please be sure to complete the application form in full. You will only need to use the income verification form that applies to your situation (disregard the forms that do not apply to your situation).

### **General Information:**

Wood Buffalo Housing & Development Corporation is a public not for profit organization that provides affordable housing to senior citizens, families and individuals. The Family Housing Division requires that all information provided is accurate and will be held in confidence.

### **Housing Options:**

Wood Buffalo Housing & Development Corporation's portfolio includes one, two, three, four and five bedroom units in apartments, townhouses and duplexes suitable for families and individuals. As all units are occupied, your application will be assessed and placed on a waiting list. **PLEASE NOTE: The Family Housing Division does NOT provide emergency housing.**

### **Application, Assessment and Verification:**

Applications are to be completed and **returned to the Applications Office – #203, 10020 Franklin Avenue.** All applications are assessed based on the following:

**1. Applicants:**

An applicant is an adult person 18 years of age or older.

**2. Annual income of the household**

Verification must be provided for everyone who will reside in the unit as follows:

- Most recent Canada Revenue Agency Notice of Assessment for all household members
- Employment Verification Form (attached)
- Alberta Human Resources & Employment Form (attached)
- Student Finance assessment
- E.I. or Workers Compensation Verification Form (attached)
- Verification of Child Maintenance or Alimony payments
- Canada Pension Plan Verification Form (attached)
- Home Based Business/Taxi Operator Verification Form (attached)

*\* Additional information may be required.*

**3. Size of unit required based on family composition**

In order to determine the size of the household, the number of people who will be residing in the unit must be verified. Verification must be provided as follows:

- Alberta Health Care Cards (or Birth Certificate)
- Driver's License/ Identification Card

*\* Wood Buffalo Housing & Development Corporation may require a household to provide any information necessary to determine the priority of need for the household.*

**4. Total assets of the household**

In order to determine the net worth of the household, all information regarding assets must be provided. This includes leased/owned vehicles, recreational vehicles, RRSPs, savings accounts, and owned properties. Verification must be provided as follows:

- Vehicle Registration
- Lease Agreements
- Mortgage Agreements

**4. Condition of present accommodation**

Please see Page 2 of the application. If necessary, please provide additional page(s) with further explanation.

## References:

The Social Housing Program is governed by law through the Residential Tenancy Act and the Alberta Social Housing Act. We require references from previous landlords in relation to your ability to pay rent when due and to look after the premises.

*\*Additional references may also be required.*

## Selection:

Social Housing – When one of the units become available, the applicant assessed at the highest priority will be contacted.

Affordable/Next to Market Housing – When one of the units becomes available, the applicant with the earliest application date will be chosen: first come, first served.

## Updates:

Your application must be updated every **60 days or your application may be dropped off the waitlist.** To do this you may call or visit the Application's Office.

## RENTAL ACCOMMODATION APPLICATION

Requirements: You will be required to provide the following information:

- The application must include one (1) adult 18 years of age or older.
- The attached form completed by 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.
- If you or any member of your family is receiving Employment Insurance, Worker's Compensation, Canada Pension or Social Assistance, the form completed by the appropriate official verifying the amount of the benefit.
- Documentation to verify all other sources of income (other than Child Tax Benefit and GST Refunds), i.e. maintenance, child support, alimony, etc.
- If you are a student, a letter from the appropriate source, stating your income for the time period that you will be attending school.
- All applicants are required to update their application every **60** days.

**Note: All applicants must have resided in the Regional Municipality of Wood Buffalo for a minimum of 3 months**

HOW DID YOU HEAR ABOUT WOOD BUFFALO HOUSING & DEVELOPMENT CORPORATION?

Website       Radio       Newspaper Advertising       Word of Mouth

***THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED, PROOF OF INCOME PROVIDED AND COPIES OF ALBERTA HEALTH CARE CARDS AND PHOTO ID RECEIVED***

If a translator was required to complete this application please provided their name and phone number:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_



**Applicant Information:**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last Name First Name

SIN # \_\_\_\_/\_\_\_\_/\_\_\_\_ DL# \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_

SIN # \_\_\_\_/\_\_\_\_/\_\_\_\_ DL# \_\_\_\_\_

Current Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cellular Tel: \_\_\_\_\_

Can you be contacted at work?  YES  NO

Marital Status  Married  Widowed  Divorced  Single  Separated  
 Common Law

If separated, divorced or common-law, state length of time:

Status in Canada  Canadian Citizen  Refugee  Student Visa  Work Visa  
 Permanent Resident  Other

How long have you lived in the Regional Municipality of Wood Buffalo? \_\_\_\_\_

Have you or any other members of your household previously rented from Wood Buffalo Housing & Development Corporation/Fort McMurray Housing Authority?  Yes  No

If yes, what was your address? \_\_\_\_\_

How long did you live there? \_\_\_\_\_

**ALL members of the household:**

**D.O.B**  
day/month/year

<input type="checkbox"/> #1 Adult	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
<input type="checkbox"/> #2 Adult	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
<input type="checkbox"/> #1 Child	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
<input type="checkbox"/> #2 Child	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
<input type="checkbox"/> #3 Child	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
<input type="checkbox"/> #4 Child	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
<input type="checkbox"/> #5 Child	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____

Are you expecting a baby?  Yes  No  
If so, when? \_\_\_\_\_

Do you have any pets?

Yes

No

**Present Accommodation:**

Own

Rent

If renting:

Name of present Landlord: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Monthly Rental Rate of Present Accommodation: \_\_\_\_\_

Monthly Utility Costs (if applicable):  
Water/Sewer: \_\_\_\_\_

Power: \_\_\_\_\_

Heat: \_\_\_\_\_

Do you share your present accommodation?

Yes

No

If yes, how many persons share the accommodation with you?

Adults

Children

\_\_\_\_\_

\_\_\_\_\_

Type of Accommodation: (please check one)

house

duplex

basement suite

trailer

hotel/motel

apartment

Rooms in present accommodation:

kitchen

Living Room

Dining Room

\_\_\_\_\_ # Bedrooms

\_\_\_\_\_ # Bathrooms

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

**Financial Information:**

*(for all household members)*

AISH

Alimony

Child Support

Employment

EI

No Income

Pension

Savings

Social Assistance

Student Loan/Grant

WCB

Other

**\*\* Please attach verification**

**Emergency Contact:**

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

Relationship to Applicant \_\_\_\_\_

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

**Assets:**

*(List all Assets – owned, leased, mortgaged)*

Vehicle: Year/Make/Value \$ \_\_\_\_\_ LEASE or OWN

Recreational Vehicles: Year/Make/Value \$ \_\_\_\_\_

Cash on Hand \$ \_\_\_\_\_

Cash in Bank \$ \_\_\_\_\_

Stocks/Bonds \$ \_\_\_\_\_

RRSP's \$ \_\_\_\_\_

Real Estate Description \_\_\_\_\_

Value \$ \_\_\_\_\_

**Landlord References:**

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

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

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

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

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

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

SIGNED at the City of Fort McMurray, in the Province of Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant' Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (Printed)

*\*\* If this application is not signed, or is submitted without all required information, we cannot process your application. Please ensure you read the applications instructions carefully and submit all required items.*



## PERMISSION TO OBTAIN RENTAL REFERENCE

I/We \_\_\_\_\_ hereby give Wood Buffalo Housing & Development Corporation, Family Housing Division permission to make any inquiries to the references and/or obtain verifications to any of the information submitted on my/our application.

I/We further understand that this application does not constitute an agreement on the part of Wood Buffalo Family Housing Division, or its agents, to provide me with rental accommodation.

I/We further acknowledge the right of Wood Buffalo Family Housing Division, or its agents, at any time prior to the execution and delivery to me or of lease hereby applied for, to withdraw, revoke or cancel without penalty or given notice.

I/We further agree that I/we am/are obligated to advise Wood Buffalo Family Housing Division, or its agents, in writing, of **any changes** in family composition, gross family income, assets, employment or change of address, should they occur.

I/We also agree that the information provided by me/us pertains to ALL persons named within this application.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature



Name of Employer \_\_\_\_\_ Date: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Name of Employee \_\_\_\_\_ S.I.N # \_\_\_\_\_

Address of Employee: \_\_\_\_\_

**Dear Sir/Madam:**

The Wood Buffalo Housing & Development Corporation, Family Housing Division, is required to verify income for both applicants and present tenants for the purposes of establishing eligibility and determining monthly rent.

The applicant/tenant has indicated that he/she is presently or has been employed by you. Your assistance is requested in completing the information section of this form and returning it to our office. The applicant/tent has authorized the release of this information as indicated below.

I hereby authorize your agency to release any information requested by the Wood Buffalo Housing & Development Corporation, Family Housing Division.

Applications Office  
#203, 10020 Franklin Avenue  
Fort McMurray, AB T9H 2K6  
Tel: 743-4140 Fax: 715-1547

\_\_\_\_\_  
**Signature (of Employee)** \_\_\_\_\_  
**Date**

**EMPLOYMENT INFORMATION (To be completed by Employer)**

Position Held \_\_\_\_\_

Dates of Employment \_\_\_\_\_  
FROM TO

Termination Date (if applicable) \_\_\_\_\_

**INCOME** Gross Monthly Salary \_\_\_\_\_

Hourly Rate of Pay \_\_\_\_\_

Number of hours currently worked per week: Straight Time \_\_\_\_\_

Overtime \_\_\_\_\_

**ADDITIONAL INFORTMATION**

(a) Average tips per week \$ \_\_\_\_\_

(b) Bonuses or incentive pay received for the past 12 months \$ \_\_\_\_\_

(c) Commissions received for the past 12 months \$ \_\_\_\_\_

(d) Fort McMurray Allowance \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Position Held \_\_\_\_\_  
Date Completed



Name of Employer \_\_\_\_\_ Date: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Name of Employee \_\_\_\_\_ S.I.N # \_\_\_\_\_

Address of Employee: \_\_\_\_\_

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\_\_\_\_\_  
Authorized Representative Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Position Held Date Completed \_\_\_\_\_