

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

GAP HOUSING HOUSING APPLICATION INFORMATION

**IMPORTANT: PLEASE READ BEFORE
 COMPLETING APPLICATION**

Gap Housing:

Our rental townhouses and apartments have fixed rental rates that will not change with the size of your pay cheque. Our units are good options for qualified, working people who can count on a steady stream of income. Gap Rental rates are kept below rents charged for comparable homes offered in the regular rental market.

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 Property Services 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 and four bedroom units in apartments and townhouses suitable for families and individuals.

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:

GAP APPLICATION CHECKLIST:

		<i>WBHDC Initial</i>
<input type="checkbox"/> Application: All areas completed and signed	<i>Complete</i>	_____
<input type="checkbox"/> Picture ID/Driver's License for all Adults on the Application	<i>Checked</i>	_____
<input type="checkbox"/> Alberta Health Care Cards (minors only)	<i>Checked</i>	_____
<input type="checkbox"/> Last 3 paystubs	<i>Received</i>	_____

Application Office Hours: Monday to Friday
 10:00 am – 12:00 pm
 1:00 pm – 4:00 pm



DATE: ____/____/____
Day Month Year

RENTAL ACCOMMODATION APPLICATION

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

- Website Radio Newspaper Advertising Word of Mouth Social Media

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

Applicant Information:

Applicant's Name: _____
Family Name *Given Name*

Date of Birth: ____/____/____ Female Male
Day Month Year

Marital Status: Married Widowed Divorced Single Separated Common Law

Current Address: _____ Postal Code _____

City/Town: _____

Consent to Communicate Via Email:

On July 1, 2014 Canada's anti-spam legislation came into effect. This legislation requires Wood Buffalo Housing & Development Corporation to obtain express consent from everyone we communicate with. To receive any form of email from anyone at Wood Buffalo Housing & Development Corporation we need your consent:

I, _____ hereby consent to Wood Buffalo Housing & Development Corporation communicating with me via email. My e-mail address is: _____
I am also aware that I can withdraw my consent at any time.

Applicant's Signature

Applicant Information continued

Telephone: Home _____ Work _____ Cellular _____

Can you be contacted at work? YES NO

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? _____

Present Accommodation:

Own Rent

If renting: Name of present Landlord: _____

Address: _____

Telephone Number: _____

Occupancy Date: _____

Monthly Rental Rate of Present Accommodation: _____

ALL Members of the Household:

D.O.B
day/month/year

Name: _____	Applicant	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
_____	Household Member #1	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
_____	Household Member #2	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
_____	Household Member #3	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
_____	Household Member #4	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
_____	Household Member #5	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____
_____	Household Member #6	<input type="checkbox"/> male	<input type="checkbox"/> female	____/____/____

Do you have any pets? Yes No

Landlord References:

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Financial Information:

Please attach financial verification for all household members.

Emergency Contact

Name: _____
Relationship to Applicant _____
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 instructions carefully and submit all required items listed on page one.



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