



CRHC 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 Application Clerks at the telephone number listed above.

NOTE: CAPITAL REGION HOUSING CORPORATION (CRHC) IS PRESENTLY ON 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. Return it to Capital Region Housing Corporation at the address noted above. 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 for Oaths by all co-applicants. We have Commissioners for Oaths at our office who can sign this document with you free of charge.
6. All household members, 18 years of age and older, who are applying for housing managed by Capital Region Housing Corporation (i.e. Community Housing, Affordable Housing, Market Rent Housing) will be required to submit a current Criminal Records Check from the Edmonton Police Service. We pay for this service and will make the arrangements for you to complete the necessary forms at the time you are offered a rental unit. Our housing is part of the City of Edmonton Crime Free Multi-Housing Program.

Information to be submitted with the Application For:

Housing & Subsidy Programs Listings (available from our office) indicating which programs and/or locations you are applying for. ***These forms must be submitted with your application. (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.)***

Identification (I.D.) for all people on the application

Permanent Resident cards or Landed Immigrant papers for all people on the application who are permanent residents or refugees (copies of front and back)

FINAL APPROVAL OF YOUR APPLICATION IS SUBJECT TO OBTAINING ACCEPTABLE LANDLORD REFERENCES, CREDIT REFERENCES AND PROVIDING A CRIMINAL RECORDS CHECKS THAT MEETS THE CRITERIA OF THE CORPORATION'S POLICY. TO ENSURE CONTINUING ELIGIBILITY, AN UPDATED VERIFICATION OF INCOME IS REQUIRED AT THE TIME A SUBSIDY OR HOUSING UNIT IS OFFERED. WHERE APPLICABLE, A PERSONAL MEETING WITH YOUR CURRENT BUILDING MANAGER OR LANDLORD MY BE REQUIRED.



Information to be submitted with the Application Form, continued:

Custody documents if you have joint or sole custody of your children

If you are expecting a baby, verify the due date with a doctor's note

Assets, Shares, income, interest, dividends, rental revenue from foreign sources

Copies of Income Tax Returns (T1) and Assessment Notices (T452) for all people in the household who had income during the most recent tax year ended. (You may submit the Assessment Notices when you receive them.)

Proof of all income and money that you or any of the people on the application, including your children, receive from any source at present – you may have one of our income verification forms completed (available from our office) or you may obtain a letter from your work, your Social Worker, Employment Insurance, Pension provider, etc. Submit copies of your two most recent pay stubs, benefit cheque stubs and budget, or other documentation to verify your current income.

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 managed by Capital Region Housing Corporation, 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 and older who have income from any source and who go to school.

If you own a house or property in any country, submit documents showing the value of the property. If it is 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, Notice of rent increase: Applicants for the **DIRECT RENT SUPPLEMENT PROGRAM** must provide a copy of their residential tenancy (lease) agreement, three months of rent receipts, and any current notice of rent increase.

Pet Application: Applicants for **Community Housing, Affordable Housing, and/or Market Rent Housing**, managed by Capital Region Housing Corporation, **must submit a Pet Application** (form available from our office) if you wish to have a cat, small dog, or rabbit. Only one pet per household is permitted. **A non-refundable pet fee of \$150 is charged for Affordable Housing and Market Rent Housing units.** No fee is charged for Community Housing units.

OPTIONAL: IF you have a Personal Directive, you may give us the name and telephone number of the person you have named to be responsible for your rental payments and tenancy and housing needs.



CRHC HOUSING & SUBSIDY APPLICATION FORM

Household Information

Your Name: _____
First Name Middle Initial Last Name

Address: _____
_____ Postal Code

Mailing Address (if different from above):

_____ Postal Code

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Male Female Birth date: ____/____/____ Social Insurance No.: _____
Year Month Day

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

List all the household members who will be living with you (including children and/or live-in aide, if applicable)

Name: _____
First Name Middle Initial Last Name

Birth date: ____/____/____ Social Insurance Number: _____
Year Month Day

Relationship to you: spouse 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 from any source? Yes No

Name: _____
First Name Middle Initial Last Name

Birth date: ____/____/____ Social Insurance Number: _____
Year Month Day

Relationship to you: spouse 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 from any source? Yes No

(Use the back of this page if more space is required.)

Do you children live with you continuously? Yes No

If no, please explain:

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

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Application Number:

Single Student
(No. dependants)
-20

Total: _____

Dependants

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

Total: _____



Income Information (ALL income from all sources for all household members must be declared. Use the back of this page if more space is required.)

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 biweekly semimonthly monthly

Name of household member: _____

Employer: _____ Phone Number:(_____)_____

Dates of employment: From _____ to _____

Salary: \$_____ per _____ (hour or month)

Hours per week _____ Paid: weekly biweekly semimonthly monthly

Other Income	Gross Amount per Month (before deductions)	Name(s) of Person(s) receiving income
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AISH	\$_____	_____
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Income Support/Alberta Works	\$_____	_____
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WCB	\$_____	_____
-----	---------	-------

CPP	\$_____	_____
-----	---------	-------

OAS	\$_____	_____
-----	---------	-------

Alberta Seniors Benefit	\$_____	_____
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Company/Group Pension	\$_____	_____
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EI Benefits	\$_____	_____
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Student Funding	\$_____	_____
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(including, but not limited to, Alberta Works Grants, Maintenance Grants, Millennium Scholarships, scholarships, bursaries, stipends, etc.)

Student Loans	\$_____	_____
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If you checked student funding, please describe: _____

Child/Spousal Support	\$_____	_____
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Resettlement Assistance	\$_____	_____
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Self-employment	\$_____	_____
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(taxi driver or other - please describe: _____)

Foreign Country income	\$_____	_____
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(interest, dividends, rental revenue)

Other	\$_____	_____
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(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: _____

GST Rebate \$_____ per 3 months Child Tax Benefits \$_____ per month

Family Employment Tax Credits \$_____ per 6 months

DO NOT INCLUDE Universal Child Care Benefit or Working Income Tax Benefit.

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CNITS

Bedrm Size	Maximum Monthly Income	Maximum Annual Income
Bachelor	\$2,500.00	\$30,000
1	\$2,916.67	\$35,000
2	\$3,541.67	\$42,500
3	\$4,708.33	\$56,500
4	\$5,000.00	\$60,000
5+	\$5,250.00	\$63,000



Rental History Information

List all addresses and landlord names, addresses, and phone numbers for the past two years. (Use the back of this page if more space is required.)

Begin with your **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 and board? Yes No
If yes, how much do you pay for room only? \$_____ per month

Utilities included: power heat water

Type of housing: apartment townhouse motel/hotel rooming house house
group home living with friends or family (shared) shelter
other _____

(Note: rental subsidies cannot be placed on basement suites in houses unless the suites have been approved by the municipality.)

Number of bedrooms you & your family occupy: _____

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

Reason for moving, if applicable:

Landlord Information:

Name Address (_____) Phone number

Previous address: _____

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

Reason for moving: _____

Landlord Information:

Name Address (_____) Phone number

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Rent to income

0 – 30%	0
31 – 35%	3
36 – 40%	6
41 – 45%	9
46 – 50%	12
51 – 55%	15
56 – 60%	18
61% or more	21

Total: _____
(See manual for room and board)

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 CRHC?

Yes No

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

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)

Is your housing unsafe or does it cause health problems for anyone? Yes No

If you answered yes, please explain: _____

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

Can everyone in your household live independently? Yes No

If no, describe the support services they require: _____

(Please note that Capital Region Housing Corporation does not provide support services such as meal preparation, housekeeping, or help with medications. Any required supports must be arranged by the applicant before moving into a CRHC property.)

Are you expecting any changes to your family? Yes No

(i.e. someone moving in or out, birth of baby, etc)

If yes, please explain:

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

When will the change occur?

Pest Infestations: Bedbugs Cockroaches Mice None

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Ex-tenant File Number:

Arrears: \$ _____

Accessibility

12

Total: _____

Housing Detrimental to Health

Environmental Conditions 5

Physical Conditions 5

Total: _____



Assets

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Assets and money of all household members	Total Amount/Value
Cash on hand	\$ _____
Money in Bank	\$ _____
Stocks, Bonds, GICs	\$ _____
RRSPs	\$ _____
RESPs	\$ _____
Other investments or income (including all foreign sources)	\$ _____
Vehicle	\$ _____
Make _____ Plate _____	
Model _____ Colour _____	
Year _____	
Home or Property (including property in foreign countries)	\$ _____
Address or legal description: _____ _____	
Business	\$ _____
Type of business _____	
Address or legal description: _____ _____	
Start up date: _____	
Please indicate type of registration: Proprietorship Partnership or Corporation or Limited Company	

Assets

-2 per 1000

Total: _____

Pet Application:

Attached

Required

Pets

Indicate if you have a pet:

Dog Cat Rabbit Other _____

Applicants for properties managed by Capital Region Housing Corporation (Community Housing, Affordable Housing, Market Rent Housing) must complete a pet application for permission to have a pet. The application is subject to approval by the landlord and the landlord's decision is absolute. Only one pet per household will be permitted. **(NOTE: No pets are permitted at Central Village or The Haven. No dogs are permitted at Sir Douglas Bader Towers. *Affordable Housing and Market Housing tenants are required to pay a non-refundable pet fee of \$150.00.*)**



Why are you applying for housing or subsidy?

If this is an emergency, please complete the following:

Fire Home condemned (*Provide proof from Capital Health*)
Leaving abusive partner Living in shelter, hotel or motel
Homeless
Notice to Vacate or Foreclosure (*please provide copy*)
Other – Please describe: _____

Emergency Contacts

Name: _____ Name: _____
Address: _____ Address: _____

Phone Number: (____) _____ Phone Number: (____) _____
Relationship: _____ Relationship: _____

If you have a support worker, CLiP worker, or Home Care worker or other support service agency worker and you wish to provide their contact information please complete:

Name: _____ Phone: (____) _____
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/NTV

15

Total: _____

Consent to Release and Exchange Personal Information

- Attached
- Required



CRHC HOUSING & SUBSIDY APPLICATION FORM

Authorization and Release

I/we understand that this application does not constitute an agreement on the part of Capital Region Housing Corporation or its agents to provide me/us with rental accommodation or rent subsidy. I/we acknowledge the right of Capital Region Housing Corporation or its agents at any time prior to the execution and delivery of a residential tenancy agreement or rent subsidy hereby applied for to withdraw or cancel, without penalty for damages or otherwise, any acceptance or approval of this application previously made or given.

I/we authorize Capital Region Housing Corporation or its agents to make any inquiries by any method the Corporation deems necessary to verify information regarding my/our household composition, income, assets, employment, or address. Discovery of false and/or incomplete information will result in the cancellation of my/our application.

I/we consent to Capital Region Housing Corporation obtaining my/our credit report.

I/we consent to Capital Region Housing Corporation or its agents contacting 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 Capital Region Housing Corporation 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 applicable.

I/we also release and save harmless the 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 Capital Region Housing Corporation.

I/we understand there may be legal penalties for providing false, misleading, or incomplete documents on which Capital Region Housing Corporation relies to determine my/our eligibility for rental accommodation or rent subsidy and/or to calculate my/our benefit of rent-geared-to-income.

(Applicant Name – please print) (Signature) (Date)

(Co-Applicant Name – please print) (Signature) (Date)

(Over 18 years of age – please print) (Signature) (Date)

(Over 18 years of age – please print) (Signature) (Date)

Notify Capital Region Housing Corporation immediately, in writing, of any change in your address, telephone number, amount, source, or allocation of your household income, household composition, assets, or rent.

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 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 an Application Clerk at the address and telephone number listed above.



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 (address above) who can sign this document with you free of charge.

STATUTORY DECLARATION

CANADA)	IN THE MATTER OF: application for receiving benefit
PROVINCE OF ALBERTA)	from the Community Housing, Private Landlord Rent Supplement,
To Wit:)	Direct Rent Supplement, and/or Affordable Housing Programs.

I, _____ of the City of Edmonton, in the Province of Alberta, do solemnly declare that:

1. I am the person named as above in this statutory declaration;
2. All statements made by me in the application for Community Housing, Private Landlord Rent Supplement, Direct Rent Supplement, and/or Affordable Housing Programs and/or in all applications for abatement of rent and/or in all applications for the annual review of my income for continued benefit from the Community Housing, Private Landlord Rent Supplement, Direct Rent Supplement, and/or Affordable Housing Programs as hereto appended are to the best of my knowledge, information and belief, true, correct and complete in all respects;
3. I authorize any agency to release information to Capital Region Housing Corporation and/or its agents in their attempts to confirm and/or verify, **in any way Capital Region Housing Corporation and/or its agents deem necessary**, all information relating to household income, assets, household composition and/or household circumstances;
4. I release and save harmless the 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 the Capital Region Housing Corporation;
5. I authorize Capital Region Housing Corporation and/or its agents to **continue** to rely on this declaration to verify and confirm information, in any way, about my income, assets, household composition and any other circumstances related to me **throughout the term that I am eligible for the Community Housing, Private Landlord Rent Supplement, Direct Rent Supplement, and/or Affordable Housing Programs** regardless of the length of the term of this eligibility;
6. I will advise Capital Region Housing Corporation and/or its agents **in writing** of any changes in my household's composition, amount of gross monthly income, source of income, allocation of income, assets, employment and/or address as soon as such change/s; occur and annually upon request of the Capital Region Housing Corporation.
7. I authorize this statutory declaration to form part of my application; and
8. I further declare that I understand there may be legal penalties for providing false, misleading, or incomplete documents on which Capital Region Housing Corporation relies to calculate my benefit from the Community Housing, Private Landlord Rent Supplement, Direct Rent Supplement, and/or Affordable Housing Programs.

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.

Declared before me at the City of	}	
Edmonton in the Province of Alberta	}	
this ____ day of _____,	}	
A.D. 20 ____.	}	_____

A Commissioner for Oaths in and for the
Province of Alberta