

Carleton Housing (Lloydminster) Inc.

Application checklist

This is to advise that Carleton housing Inc. will not forward your application to the Selection Committee and will be considered incomplete, if the following is not supplied and/or included with the application form:

A signed Income Verification Form from your Employer or Funding agency

Present and previous Landlord information as requested

** In the event that you have never lived in the city, a reference letter from
Your respective Chief is required.

If you must move into the city due to medical reasons, a letter from your doctor must
be attached

Carleton Housing Inc.
#103, 5116 50 St.
Lloydminster, AB T9V 0M3
Tel (587) 789-1587
Fax (587) 789-1591

CARLETON HOUSING (LLOYDMINSTER) INC.

#103 – 5116 50 St.

Lloydminster, Alberta T9V 0M3

Phone: (587) 789-1587

Fax: (587) 789-1591

APPLICATION FOR HOUSING

Qualifications for Carleton Low Income Housing:

1. Applicant or applicant's family must be a First Nations Member.
2. Priority is given to the moderate income working family according to need
3. Annual gross household income must be less than \$48,500.00
4. 100% No Pet Policy in Effect

Instructions for completing application:

1. All questions must be fully answered. If a section does not apply to your situation, mark N/A in that section. An incomplete application will not be processed
2. Application must be complete with Employment Verification and Landlord Reference Form before it will be processed
3. Please keep information current by updating application every 3 months
4. Applications will be kept in a current file for 3 months, archived for 1 year, and then disposed of

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RECEIVED:

APPLICATION FOR HOUSING

This application **MUST** be completed in its entirety. Any questions asked or information requested that does not apply to your situation must be marked N/A. Any areas left blank or questions not answered will cause this application to be considered incomplete and cannot be processed for housing.

DISCLAIMER FOR FORMS CONTAINING PERSONAL INFORMATION.

Information collected is protected under the Saskatchewan Freedom of Information and Protection of Privacy Act. Part IV. Sections 24-29. Detailing Collection, Use and Disclosure of Personal Information. If you have any questions about the collection of Personal information, please call (587) 789-1587 for clarification.

Applicant: _____ Band _____ Treaty# _____ Birthdate _____

Co-Applicant _____ Band _____ Treaty# _____ Birthdate _____

Address _____

Home Phone _____ Business Phone _____

Marital Status _____ Present Monthly Rent _____

1. FAMILY COMPOSTION

Supply the information below for anyone else who will be living in the unit

NAME	AGE	DATE OF BIRTH	SEX	RELATIONSHIP

2. INCOME INFORMATION

Please provide all of the income requested below identifying ALL GROSS MONTHLY INCOME FROM ALL SOURCES

APPLICANT	AMOUNT	CO-APPLICANT	AMOUNT
Employment Income		Employment Income	
Employment Insurance		Employment Insurance	
Government Pensions		Government Pensions	
Student funding/PTA/Loans		Student Funding/PTA/Loans	
Child Support/Maintenance		Child Support/Maintenance	
Social Services Assistance		Social Services Assistance	
Employment Supplements		Employment Supplements	
Supplements for Children		Supplements for Children	
Other Income		Other Income	

CARELTON HOUSING (LLOYDMINSTER) INC

3. EMPLOYMENT DETAILS

Supply the information requested below

APPLICANT		CO-APPLICANT	
Employer		Employer	
Position		Position	
Length of Service		Length of Service	
Reference		Reference	

4. EDUCATION/PROGRAM DETAILS

Supply all information requested below

APPLICANT		CO-APPLICANT	
Program Title		Program Title	
Length of Program		Length of Program	
Time Remaining		Time Remaining	
Reference		Reference	

5. LANDLORD INFORMATION

Supply the information requested below

CURRENT LANDLORD	PREVIOUS LANDLORD
Name:	Name:
Phone Number:	Phone Number:
Unit Address:	Unit Address:
How Long:	How Long:
___ House ___ Duplex/Fourplex _____ Apartment Number of Bedrooms _____	___ House ___ Duplex/Fourplex _____ Apartment Number of Bedrooms _____
Reason for Leaving:	Reason for Leaving:

6. GENERAL INFORMATION

- Have you ever applied with our program? _____
- If yes, under what name? _____
- 100% No Pet Policy in effect. _____

I/We declare all of the information contained in this application for housing to be true and correct, knowing that any false information or declaration will result in my application being denied. I/We understand that this application does not constitute an agreement on the part of Carleton Housing (Lloydminster) Inc., or its agents, to provide me with rental accommodation. I/We understand that consideration and approval of this application and subsequent placement into a housing unit shall remain solely at the discretion of Carleton Housing (Lloydminster) Inc.

I further acknowledge the right of Carleton Housing (Lloydminster) Inc. 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 otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize Carleton Housing (Lloydminster) Inc. or its agents, to make any reference or credit inquiries as may be deemed necessary to verify the facts stated within this application

DATED THIS _____ DAY OF _____

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

CARELTON HOUSING (LLOYDMINSTER) INC

INCOME VERIFICATION FORM (MUST BE COMPLETED BY EMPLOYER)

APPLICANTS NAME: _____

APPLICANTS ADDRESS: _____

Number in Household: _____ Number of Dependent Children: _____

GROSS RATE OF PAY: _____ DATE STARTED: _____

PAY PERIOD TYPE: Weekly Bi-weekly Semi-monthly Monthly Other

TYPE OF EMPLOYMENT: Full-Time Part-Time Seasonal Casual Other

\$ _____ /Month \$ _____ /Annual

SIGNATURE OF EMPLOYER/FUNDING AGENCY _____

NAME OF FIRM: _____

ADDRESS OF FIRM: _____

FIRM TELEPHONE NUMBER: _____

DATE FORM COMPLETED: _____

CO-APPLICANT: _____ **OCCUPATION:** _____

GROSS RATE OF PAY: _____ DATE STARTED: _____

PAY PERIOD TYPE: Weekly Bi-weekly Semi-monthly Monthly Other

TYPE OF EMPLOYMENT: Full-Time Part-Time Seasonal Casual Other

\$ _____ /Month \$ _____ /Annual

SIGNATURE OF EMPLOYER/FUNDING AGENCY _____

NAME OF FIRM: _____

ADDRESS OF FIRM: _____

FIRM TELEPHONE NUMBER: _____

DATE FORM COMPLETED: _____

CHILD TAX CREDITS: \$ _____ /MONTH

EMPLOYMENT SUPPLEMENTS: \$ _____ /MONTH

CHILD SUPPORT/MAINTENANCE: \$ _____ /MONTH

I DO SOLEMNLY DECLARE THAT MY GROSS ANNUAL INCOME AS NOTED ABOVE IS CORRECT AND I MAKE THIS DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE; AND KNOWING THAT IT HAS THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE CANADA EVIDENCE ACT.

APPLICANT: _____ **DATE:** _____

CO-APPLICANT: _____ **DATE:** _____