



APPLICATION FOR ACCOMMODATION – CONFIDENTIAL
GLENWAY GATE OR TEMPLEMONT PLACE

PLEASE READ CAREFULLY

I understand that this application does not constitute an agreement on the part of TRINITY PLACE FOUNDATION OF ALBERTA, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Trinity Place Foundation of Alberta, 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, or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize Trinity Place Foundation of Alberta, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall revoke further consideration of my application.

I further agree that I am obliged to advise Trinity Place Foundation of Alberta, or its agents, in writing, of any changes in family composition, employment, or change of address, should these occur.

I also agree that the information provided by me pertains to all persons named within this application.

X _____
Signature of Witness

X _____
Signature of Applicant

DOMINION OF CANADA)
PROVINCE OF ALBERTA)

IN THE MATTER OF THIS APPLICATION FOR DWELLING
ACCOMMODATION IN THE HOUSING PROJECT.

I, _____ of the City of Calgary, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in this application.
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects.
3. That I have resided in Canada for _____ years of my life and in Alberta 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)
City of Calgary in the)
Province of Alberta,)

This _____ day of _____, 20____)

X _____
Signature of Applicant

Signature _____
A Commissioner of Oaths in and for the Province of Alberta

Personal Information

Name _____ SIN# _____

Address _____

City _____ Prov. _____ Postal Code _____

Date of Birth (yyyy/mm/dd) _____ Telephone # _____

Citizenship Status:

Canadian Citizen Un-sponsored Permant Resident Other _____

Number of years residing in Canada _____ Languages spoken _____

Marital Status: Single Married Divorced Separated Widowed

Co-Applicant Name _____ SIN# _____

Date of Birth (yyyy/mm/dd) _____ Telephone # _____

Citizenship Status:

Canadian Citizen Un-sponsored Permant Resident Other _____

Number of years residing in Canada _____ Languages spoken _____

Alternate Contact Person: _____ Telephone No. _____

MONTHLY INCOME – ALL income reported below must be verified if applying for an "Affordable Unit". **Please attach a copy of the Revenue Canada Notice of Assessment for the most recent full year.**

Old Age Security and G.I.S. \$ _____ per month

Canada Pension \$ _____ per month

Alberta Seniors Benefit \$ _____ per month

Company Pension \$ _____ per month

Disability Pension \$ _____ per month

War Veterans Allowance \$ _____ per month

War Disability Pension \$ _____ per month

Employment Income \$ _____ per month

Social Assistance \$ _____ per month

AISH \$ _____ per month

Other Income: Specify _____ \$ _____ per month

TOTAL \$ _____ per month

Employment Income

If you or your co-applicant have employment income(s), please state the name(s) and address of the employer(s)

Employer: _____ Telephone #: _____

Address: _____

Co-Applicant Employer: _____ Telephone #: _____

Address: _____

Housing Information

Do you currently :

Rent Own Live with Family Other (explain): _____

Present rent or house payment is \$ _____per month, plus \$ _____for heat and \$_____for light, water and sewer.

Length of time at present address: _____

If renting, name of your present Landlord _____ Telephone #: _____

Is your present accommodation a:

House Apartment Hotel Rooming House Other_____

Number of bedrooms in present accommodation: _____

Do you share accommodations? Yes No

Number of person(s) sharing your present accommodation: Adults:____Children:____

Does any member of your household require accommodation adapted for special needs (wheelchair)? Yes No

Please give details _____

Do you require a barrier free suite? Yes No

Please give details _____

Do you require underground parking? Yes No Surface parking? Yes No

No Pets Allowed

Reasons for wanting to move: _____

If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for the eviction: _____

Have you been evicted from any rental premises in the past ten years? Yes No

Please provide details about your tenancy history, name of most recent landlord with contact information, and details about any past eviction_____

ADDITIONAL PERSONAL INFORMATION

We ask that you also provide us with the following information, which will be helpful to our staff in case of emergencies.

NEXT OF KIN: (or closest friends)

Name _____ Telephone #: _____

Address _____ Relationship: _____

Name _____ Telephone #: _____

Address _____ Relationship: _____

Do you have a Will? Yes No

Location of Will _____

Name of Executor: _____ Telephone #: _____

Address of Executor: _____

Family Doctor: _____ Telephone #: _____

Personal Reference: Name _____ Telephone #: _____

Other related information you wish to provide _____

Please state any physical disabilities or significant illness: _____

Applying for: Templemont Place Glenway Gate

The information on this form is being collected only for apartment leasing information, under the authority of the Alberta Housing Act, 1994 and Section 32C of the Freedom of Information and Protection of Privacy Act.

FOR OFFICE USE ONLY _____ **Market Value** _____ **Affordable Rent**

Rent Amount \$ _____

Plus Parking + \$ _____

Plus Utilities + \$ _____

TOTAL MONTHLY CHARGES = \$ _____

MOVE IN DATE: _____



Trinity Place Foundation of Alberta requires a recent landlord reference, rental history and/or credit history. It is necessary to obtain your written consent so please complete the following and submit with your application.

Applications received without a signed Consent to Release Information form will **not** be processed.

CONSENT TO RELEASE INFORMATION

I, (We) _____(please print)

Give my (our) permission to Trinity Place Foundation of Alberta to contact the person I (we) have listed as a Landlord reference to obtain information about my tenancy history and/or access my credit information for the purpose of assessing eligibility for housing with Trinity Place Foundation of Alberta.

I, (we) have read, understood and agree with the above consent

Applicant's Signature: _____

Dated on: (M/D/Y) _____

Witness' Name: (please print) _____

Witness' Signature: _____

Dated on: (M/D/Y) _____