

Dear Applicant:

Thank you for your inquiry regarding Community Housing through Lloydminster Region Housing Group.

Please be advised there is a **NO PETS** policy in all units managed by the LRHG.

The application is very comprehensive so please take the time to read each and every question and answer all that pertain to you and your household.

In order to process your application for housing we will require, for **EACH adult member of the household**, any and all of the following documents that would concern your situation.

A signed report from your employer (blank form attached) for **EACH** working member in your household, stating the GROSS rate of pay, hours per week, and total earnings for the past 12 months. Tips or gratuities, alimony or maintenance, commissions and interest are also considered income and must be reported.

If you, **OR ANY** member of the household are receiving Employment Insurance, Workers Compensation, Social Services or a Pension, copies of the Stubs must be attached.

Verification of Provincial Training Allowance, student loans, bursaries, and/or Scholarships obtained over the last 12 months and the commencement and completion dates of the educational program must be provided.

The most recent Income Tax Return or Notice of Assessment for **EACH** adult in the household.

When you have gathered all the necessary information please return it with your application to our office along with your rental references. Your completed application will be processed as soon as possible and you will be contacted when we are able to offer you accommodation. Direct any inquiries to our office at 780-875-9131.

Landlord Reference Form for L.R.H.G.

This form is to be **completed by your current landlord or previous landlord**. It is not to be completed by yourself, family member or friend.

Name of Applicant: _____

Name of Co-Applicant _____

Reference from: _____ Current Landlord _____ Previous Landlord

Address in question:

Reason for vacating:

Move in date: M____D____Y____

Move out date: M____D____Y____

Current rent outstanding? ____No ____Yes If yes, how much? \$_____

Has tenant given proper notice to vacate? ____No ____Yes Has tenant been evicted? ____No
____Yes

Rent History

____ Pays consistently on or before the 1st of the month.

____ Pays usually on or before the 1st of the month.

____ Pays usually on or before the 15th of the month.

____ Tenant calls to make arrangements when rent is going to be later than the 1st.

____ NUMBER OF LATE RENT NOTICES ON FILE

Lease agreement violations

____ Illegal pets on the premises.

____ Additional occupants undeclared.

____ Income undeclared.

____ Noise / Disturbance / Illegal activity issues.

____ Utilities disconnection issues.

____ Housekeeping or yard issues.

Unit care – maintenance

____Excellent ____Good ____Fair ____Poor ____Unknown

Yard care – maintenance

____Excellent ____Good ____Fair ____Poor ____Unknown

LANDLORD PRINTED NAME: _____ Phone #

LANDLORD SIGNATURE: _____

LLOYDMINSTER REGION HOUSING GROUP
#107A, 3752 - 51 Avenue
LLOYDMINSTER, ALBERTA
T9V 3M7
PHONE (780) 875-9131 FAX (780) 875-1072

DISCLAIMER FOR FORMS CONTAINING PERSONAL INFORMATION
ON MANAGEMENT BODY TENANTS

Information on this form is being collected under the Authority of Ministerial Order No. H:032/99 issued under the Alberta Housing Act (RSA 1994/A-30.1).

It will be used to enable staff of the LLOYDMINSTER REGION HOUSING GROUP to provide support services to tenants residing in Housing Units operated by the LLOYDMINSTER REGION HOUSING GROUP.

It is protected from public disclosure by the provisions of the Freedom of Information And Protection of Privacy Act (RSA 1995/F-18.5). If you have any questions about the collection of this personal information, please call (780) 875-9131 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday for clarification.

9. Is your present accommodation a: House () Townhouse () Apartment ()

Rooming House () Hotel or Motel ()

Other _____

10. Rooms in your present accommodation: Kitchen () Living Room () Dining Room ()

Number of Bathrooms___ number of Bedrooms ____

11. Do you share any part of the accommodation with person(s) other than those listed in question #4?

No () Yes () If yes, how many other persons? Number of Adults _____ Number of Children _____.

What part of the accommodation is shared?_____.

If you do not pay rent, do you contribute financially? No () Yes ()

If yes, specify _____

12. Is any member of your family physically handicapped? No () Yes ()

If yes, specify _____

Do you require a handicapped unit? No () Yes ()

****PLEASE BE AWARE THAT PETS ARE NOT ALLOWED IN OUR FACILITIES.****

14. Reasons for wanting to move: _____

If you have been given a "NOTICE TO VACATE", Please submit a copy of the notice stating the reason for eviction.

15. STATEMENT OF INCOME

NOTE: ALL INFORMATION REGARDING YOUR FAMILY'S INCOME MUST BE COMPLETE AND ACCURATE. PROVIDE DETAILS OF CURRENT EMPLOYMENT HELD IN THE LAST TWELVE (12) MONTHS (BEGIN WITH THE MOST RECENT EMPLOYER).

Applicants Name _____ Social Ins. No. ____ / ____ / ____

Company	Address	Employed		Rate of Pay		
		From	To	Gross Monthly	Hourly	Hours per Week

When did your spouse last work? Month _____ Year _____

Co-Applicant or Spouse: _____ Social Ins. No. ____/____/____

Company	Address	Employed		Rate of Pay		
		From	To	Gross Monthly	Hourly	HRS per Week

Other Household Member: _____ Social Ins. No. ____/____/____

Company	Address	Employed		Rate of Pay		
		From	To	Gross Monthly	Hourly	HRS per Week

HAVE YOU RECIEVED ANY OTHER SOURCES OF INCOME IN THE PAST TWELVE (12) MONTHS?
(PLEASE INDICATE IF NOT APPLICABLE) N/A

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO	GROSS MONTHLY INCOME

- A. STUDENT GRANTS/
ALLOWANCE
- B. UNEMPLOYMENT
INSURANCE
- C. WORKERS'
COMPENSATION
- D. SOCIAL ASSISTANCE
(Does not include
Family Allowance)
- E. CHILD SUPPORT/
ALIMONY- Voluntary
or Court Award
- F. OTHER INCOME
(Tips, Interest,
Royalties, Etc.)
- G. PENSIONS: DEPARTMENT
 - 1. DEPARTMENT OF
VETERANS AFFAIRS
 - 2. OLD AGE SECURITY

- 3. CANADA PENSION
(Retirement, Widow &
Orphan Benefits)
- 4. GUARANTEED INCOME
SUPPLEMENT
- 5. ALBERTA INCOME
SUPPLEMENT
- 6. COMPANY OR GROUP
PENSION

H. INCOME FROM SELF EMPLOYMENT

DETAILS OF SELF-EMPLOYMENT MUST BE OUTLINED BY THE SUBMISSION OF A FINANCIAL STATEMENT SUBJECT TO REVIEW BY THE HOUSING AUTHORITY.

16. ASSETS

Cash on Hand \$ _____ Cash in Bank Account \$ _____

Stocks, Bonds, Mutual Funds, etc. \$ _____

Real Estate \$ _____ Mortgage(s) \$ _____

Other Assets \$ _____

Note: Essential personal and household effects such as clothes, furniture, vehicles, etc. are not included in assets.

17. DRIVERS LICENCE NUMBER: _____

Car - Year/Make/Model: _____/_____/_____
- Color/License No.: _____/_____/_____

18. Please feel free to describe your present accommodation and any information you would like the Tenant Selection Committee to be aware of. This space is provided for you to explain your reasons for applying for Community Housing, and will assist us in the approval of your application.

I understand that this application does not constitute an agreement on the part of the Lloydminster Region Housing Group or it's agents to provide me with rental accommodation.

I further acknowledge the right of Lloydminster Region Housing Group or it's agents at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without any penalty or liability for damages or otherwise, any acceptance or approval of this application previously make or given.

I hereby authorize the Lloydminster Region Housing Group or it's agents to investigate any or all of the statements made herein, being fully aware that discover of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise the Lloydminster Region Housing Group or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

Applicant _____

Applicant _____

DOMINION OF CANADA) IN THE MATTER OF THIS APPLICATION FOR DWELLING PROVINCE OF ALBERTA) ACCOMODATION IN THE HOUSING PROJECT. TO WIT:)

I/we _____, do solemnly declare as follows:

1. That I/we am/are the applicants named in the said application.
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects.

And I/we 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 and by virtue of the Canada Evidence Act.

Signature of Applicant

Signature of Applicant

Date MM / DD / YY

REQUEST FOR EMPLOYMENT VERIFICATION

Information request for: _____(name)

Employer or Business name: _____

Employer Phone Number: _____

Date Employee Started: _____

Average Hours Worked Per Week: _____

Employment Type: Full Time _____ Part Time _____ Casual _____

Employment Term: Permanent _____ Temporary _____ Seasonal _____ Contract _____

Rate of Pay: Hourly \$ _____ Monthly \$ _____

Total Pay for Last 12 Months: _____

Employee Receives: Overtime _____ Commission _____ Bonus _____ Tips _____

Frequency : Regular _____ Once in a While _____ Average per Month _____

Prospect of Continued Employment: Good _____ Fair _____ Poor _____

Comments: _____

Signature of Business Representative

Date

THANK YOU FOR YOUR COOPERATION