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Lethbridge Office Box 871 Calgary Office  
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**APPLICATION FOR ACCOMMODATION**   
**(Please read the instructions carefully)**

Treaty 7 Urban Indian Housing Authority provides rental units for low to moderate-income Native families in Calgary, Cardston and Lethbridge; rent is 25% of gross income. Unfortunately, we have a limited number of housing units and are unable to accommodate all those who are in need of housing. To be considered for accommodations, the following criteria must be met:

* Applicant must be a registered Status First Nations Member within Canada.
* Applicant(s) must have dependants under the age of 18 years.
* The total Gross Household income must not exceed the 2017 Core Need Income Thresholds for the following cities according to the Government of Alberta:

|  |  |  |  |
| --- | --- | --- | --- |
| Municipality | 2 Bedroom | 3 Bedroom | 4 Bedroom |
| Cardston | $39,000 | $43,000 | $49,000 |
| Calgary | $55,000 | $61,000 | $69,000 |
| Lethbridge | $39,000 | $49,000 | $52,000 |

**Applicant must meet criteria stated above, to be eligible.**

***Application must be completed and include the following required attached documents*** in order to be added to the waiting list. If there are missing documents the applicants file will be incomplete and will not be added to the waiting list, until **all required documents are submitted**.

1. Copy of **Native Status Card/Tribal Membership Card** for applicant and co-applicant/spouse.
2. Copy of **Alberta Health Care Cards** for all family members (applicant/co-applicant/all dependants)
3. **Income Verification** for both applicant/co-applicant and each family member who receives an income from any source – Employer (tax assessment or Employer letter stating hours worked per week and total earnings) Student (Student loan statement or letter from sponsors stating all types of sponsorship) Social Services (income support program budget and decision form).
4. **One reference letter** from **Present/Previous Landlord** or **Copy of Lease Agreement**. If you are unable to submit a landlord reference letter, two-character reference letters are required; however, a landlord reference would benefit your file, due to applying for rental accommodations.
5. **One Character Reference letter** – professional title, how they know the applicant and phone number. CANNOT be from personal friend or relative.
6. Letter from Child Care Worker or Court Order for guardianship **(if applicable)**

***Applicant(s) responsibility*** *is to inform the office of any changes: in address, telephone number, family composition, income verification and to find out where they are situated on the waiting list;* ***updates of their file need to be once every three (3) months****.* **Failure** to do so will result in the applicant(s) name to be removed from the waiting list; due to no update **within the required three (3) month timeline.**

**APPLICATION FOR ACCOMMODATION**

Location (**only check one**): \_\_Calgary \_\_Lethbridge \_\_Cardston \_\_Senior Unit (Lethbridge)

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_MM/DD/YY Date Received: \_\_\_\_\_\_\_\_\_\_MM/DD/YY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant:** | | | | |
|  | First Name | Middle Name | | Last Name |
| **Mailing Address:** | | | | |
| **Address, City, Province, Postal Code** | | | | |
| E-mail address: | | | | |
| Phone #: | | | Work/Cell #: | |
| Alberta Health Care #: | | | Date of Birth: | |
| Treaty #: | | | Band Name: | |
| Emergency Contact: | | | Phone#: | |
| **Co-Applicant/ Spouse:** | | | | |
|  | First Name | Middle Name | | Last Name |
| Relationship to Applicant: | | | | |
| Phone #: | | | Work/Cell #: | |
| Alberta Health Care #: | | | Date of Birth: | |
| Treaty #: | | | Band Name: | |
| Emergency Contact: | | | Phone#: | |

**Family Composition:** List all family members including applicant (head of household), who will be residing in the household.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Applicant/Co-Applicant/ Dependants/Family Members | Gender F/M | Birth Date  MM/DD/YY | Age | Relationship |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |

**Copies of All Alberta Health Care Cards are required for each individual**

**Expected Child:** (letter from Doctor is required for confirmation)

If the applicant is expecting a child please state due date:\_\_\_\_\_\_\_\_\_\_\_\_and gender\_\_\_\_\_\_\_\_\_\_  
**Once child is born we require Copy of AHC Card** MM/DD/YY F/M

**EMPLOYMENT & INCOME STATEMENT**

**List all Jobs or positions Held during the past 12 months, beginning with the most recent employer.**

**Applicant (Head of Household) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employers Name /School | Address | Phone # | Employment Dates | Hrs/wk | Rate of Pay $ |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |

**Co-applicant/Spouse Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employers Name /School | Address | Phone # | Employment Dates | Hrs/wk | Rate of Pay $ |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |

**Other Household Members Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employers Name /School | Address | Phone # | Employment Dates | Hrs/wk | Rate of Pay $ |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |

**References:** Two reference letters must be attached before this application can be considered.

|  |  |
| --- | --- |
| Landlord Name: | Character Name: |
| Address: | Address: |
| Phone #: | Phone #: |

**Questionnaire: Please circle or fill in the blank, if not applicable please fill in N/A**

1. Present accommodations address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Do you: **Rent or Own** Is it a: **House, Apartment, Hotel, Room and Board, or Other?**   
   How long have you occupied this address? Years\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_ Days\_\_\_\_\_\_\_\_\_  
   Have you signed a lease agreement? **YES or NO** If yes, end date:\_\_\_\_\_\_\_ Term:\_\_\_\_\_\_\_\_\_  
   Total number of Bedrooms?\_\_\_\_\_\_\_\_\_\_\_\_ Rental Payments/month: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   **Do you require a 30 days’ notice? YES or NO**  
   Accommodations include: Gas? **YES or NO** Electricity? **YES or NO** Water? **YES or NO** Have you received an eviction notice? **YES or NO**If yes, for what reason?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the dwelling shared with another family/friend? **YES or NO**  
   If yes, total number adults\_\_\_\_\_\_\_\_\_\_ and total number of children\_\_\_\_\_\_\_\_\_\_\_ in house.
2. Have you ever been a tenant with Treaty 7 Urban Indian Housing Authority? **YES or NO**  
   if yes, what year did you move in:\_\_\_\_\_\_\_\_\_\_ What year did you move out:\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Address of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Reason for Vacating:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you ever received subsidized housing in the past? **YES or NO**  
   If yes, where (company)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   for how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rent Payments:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you own/rent a house on your home reserve? **YES or NO**
5. All Tenants are responsible for unit maintenance including lawn care, do you own the following: Lawnmower? **YES or NO** Garden Hose? **YES or NO** Shovel? **YES or NO**
6. Are you or dependent/family member handicapped? **YES or NO**  
   If yes, who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ how?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Special Requirements?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Family Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you have a parental guardianship order? **YES or NO**   
   **If yes, please provide legal parental guardianship documents.**
8. Are you currently a Foster Parent? **YES or NO**  
   **If yes, please have required documentation attached.**
9. Do you have a child(ren) in Child Welfare? **YES or NO**  
   **if yes, please have your child care worker provide a letter.**
10. Do you own a pet? **YES or NO** if yes, what kind of pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **NO PETS ALLOWED, NO EXCEPTIONS**

**Acknowledgement and Understanding**

I (Applicant) understand that this application does not constitute an agreement on part of Treaty 7 Urban Indian Housing Authority or its agents, to provide me with rental accommodations.

I hereby authorize you to make any inquire you deem necessary to verify the facts contained herein by any method the Housing Authority deems necessary, being fully aware that ***discovery of any false statement shall cancel any further consideration of my application.***

I further acknowledge the right of the Housing Authority at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty of liability for damage or otherwise, any acceptance or approval of this application previously made or given.

**I further agree that I will renew or update my application within Three (3) months**. I understand that I have an obligation to advise the Housing Authority, in writing of any changes in address, telephone number, family composition, gross income, assets, or employment as they occur. **Failure to do so will result in my name being taken off the waiting list due to no update within the required three-month timeline and/or update changes mentioned above**.

|  |  |
| --- | --- |
| **APPLICANT** | **CO-APPLICANT/SPOUSE** |
| Print Name | Print Name |
|  |  |
| Signature | Signature |
|  |  |
| Date MM/DD/YY: | Date MM/DD/YY: |
|  |  |
| **WITNESS** | **WITNESS** |
| Print Name | Print Name |
|  |  |
| Signature | Signature |
|  |  |
| Date MM/DD/YY: | Date MM/DD/YY: |