

Application #: \_\_\_\_\_

## PLEASE READ CAREFULLY BEFORE FILLING OUT THE APPLICATION

### QUALIFICATIONS

- ∞ Must provide proof of income to confirm eligibility to Income Thresholds (if applicable).

### PROCEDURE

**Both the Applicant and Co-Applicant must sign and date the document.**

#### The applicant must submit the following documents with their application:

- Proof of Indigenous Ancestry – Métis Card, Status Card, or Inuit Status, if applicable.
- Current Government Identification, i.e., Driver's License.
- Alberta Health Care – All family members.
- Medical Letter – If you or someone in your family has a disability or requires a barrier-free unit.
- Proof of Current Income, pay stub, client reporting card or EI Statement, and a current bank statement 30 to 60 days with your name on it.
- Legal Documents for Child Support/Guardianship, if applicable.

**NOTE: Further documentation will be required when the next suitable unit is assigned to you to confirm eligibility.**

- ∞ **Submit your current income verification, including the previous year's tax assessment and your child tax benefit notice.**
- ∞ **Personal Information Check or a Criminal Record Check - for all applicants 18 – 64 years may be requested.**

#### **PLEASE NOTE: WE ARE NOT AN EMERGENCY HOUSING PROGRAM**

All applications are processed at the head office in Edmonton. Once all required documents are submitted with the application, it is then reviewed for eligibility. The applicant will receive a letter advising if further information is required and if the application is approved (or denied) to the waitlist.

The applicant must confirm their continued interest every three months when approved to the waitlist. ***The applicant must advise our office of any change in contact information as soon as it changes. You could be missed for the next available unit if we do not have the most current contact information on file.***

Tenancy follows the National Housing Occupancy Standards, which consider the family size.

**WHICH HOUSING PROGRAM ARE YOU APPLYING FOR?**

- Renaissance Tower                       Service Canada (Medicine Hat)                       Market  
 Voyageur Manor                               Affordable     Subsidized

**WHICH TOWN OR CITY ARE YOU APPLYING FOR?**

- Bonnyville                                       Calgary\*\*     Cold Lake  
 Edmonton\*\*                                       Fort McMurray     Grande Prairie\*\*  
 Lac La Biche                                       Red Deer     Medicine Hat\*\*  
 Peace River\*\*                                      St Paul     Rocky Mountain House  
 Slave Lake

**(\*\*The following cities have affordable housing: Edmonton, Calgary, Grande Prairie, Medicine Hat and Peace River)**

**ALL INFORMATION MUST BE COMPLETED BEFORE PLACEMENT ON THE WAIT LIST**

Applicant Name:	Co-Applicant Name:
Applicant's Date of Birth:	Co-Applicant's Date of Birth:
Social Insurance Number:	Social Insurance Number:
Alberta Health Care Number:	Alberta Health Care Number:
<input type="checkbox"/> Métis <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Other	<input type="checkbox"/> Métis <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Other
Address:	Address:
City/Province:                              Postal code:	City/Province:                              Postal code:
Current Telephone Number:	Current Telephone Number:
Email Address:	Preferred method of communication <input type="checkbox"/> Text <input type="checkbox"/> Phone <input type="checkbox"/> Email
Do you give Métis Housing consent to send correspondence via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Applicant's Marital Status:**  Married     Single     Common-Law     Other

**Is this:**  Domestic Violence     Elder Abuse    **\*\*Police Occurrence Report must be provided with the application.**

**LIST ALL OTHER PEOPLE WHO WILL BE LIVING WITH YOU** (WRITE ON THE BACK OR ADD AN EXTRA SHEET IF NECESSARY):

NAME	GENDER	RELATIONSHIP	BIRTH DATE	ALBERTA HEALTH CARE NUMBER	ANCESTRY (MÉTIS, FIRST NATION OR INUIT)
			MM/DD/YY		
			MM/DD/YY		
			MM/DD/YY		
			MM/DD/YY		
			MM/DD/YY		

Is baby expected?  Yes     No                                      If yes, when?

<b>SOURCE OF APPLICANT'S INCOME:</b>	<b>SOURCE OF CO-APPLICANTS INCOME:</b>
Employed gross monthly amount: \$	Employed gross monthly amount: \$
Employer's phone:	Employer's phone:
Alberta Income Supports total/month: \$	
Workers name:	Workers phone:
Canada Child Benefit total/month: \$	Child Support: \$
AISH: \$	Pension(s): \$
EI: \$	Student Grant(s): \$
Other: \$	

**INCLUDE INCOME FOR ALL DEPENDENTS RESIDING WITH YOU IN THE ABOVE SPACE PROVIDED**

**ALL INFORMATION MUST BE COMPLETED BEFORE PLACEMENT ON THE WAITLIST**

**CURRENT ADDRESS:** If you currently reside in housing on a First Nation Reserve or a Métis Settlement, you will need to provide written documentation from the reserve or settlement office stating whether or not you or your immediate family have a home on their lands.

Do you own your own home?  Yes  No

I currently live in:  Apartment  House  Condo  Basement Suite  No Fixed Address

When does your current lease expire? \_\_\_\_\_

Length of time at present address: Years \_\_\_\_\_ Months \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Are Utilities Included:  Yes  No Monthly cost of: Power: \_\_\_\_\_ Gas: \_\_\_\_\_ Water: \_\_\_\_\_

Current number of Bedrooms: \_\_\_\_\_ How much notice must you give before moving? \_\_\_\_\_

Current Landlord: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Move out date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

**Do you require "Barrier Free" accommodations?** (Specifically, for those with wheelchairs)  Yes  No

**Do you require "Barrier Free Adaptable" accommodations?** (For disability or mobility issues)  Yes  No

**OTHER INFORMATION:**

Have you ever applied to Métis Urban or Métis Capital Housing before?  Yes  No If yes, when? \_\_\_\_\_

**CALGARY APPLICANTS ONLY** - Check the area of preference:  NE  NW  SE  SW

**NEXT OF KIN / CONTACT PERSON IN EVENT OF EMERGENCY:**

FIRST CONTACT NAME ⓘ	ADDRESS ⓘ	PHONE ⓘ	RELATIONSHIP ⓘ
SECOND CONTACT NAME ⓘ	ADDRESS ⓘ	PHONE ⓘ	RELATIONSHIP ⓘ

- I understand and further agree to:
- ∞ **Submit income verification to ensure qualifications meet the policy and guidelines.**
  - ∞ **Authorize Métis Capital/Urban Housing Corporation to conduct inquiries regarding the approval of my application.**
  - ∞ **Submit a Personal Information Check or Criminal Record Check when a housing unit is offered.**
  - ∞ **Sign the lease agreement.**
  - ∞ **Service or Therapeutic Animal Policy strictly enforced (discuss with Tenant Relations Officer).**
  - ∞ **The tenant must pay the damage deposit upon unit assignment.**
  - ∞ **Attend a rent ready workshop.**

**Please note:** The information we collect from you, such as your email address, will be used to provide you with tenant documents, communications and marketing from MUHC/MCHC. We will always treat your information with the utmost care and never sell them to other companies for marketing purposes. **Confirmation of understanding Please initial:** \_\_\_\_\_

**Applications will not be processed until signed and dated.**

**SIGNED BY: APPLICANT:** \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE HELD IN STRICT CONFIDENCE**

Thank you for applying with Métis Housing