

**Westlock Affordable  
Housing Project**

*The personal information on this Application for Accommodation is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33 (c) and used solely for the administration and evaluation of the Westlock Affordable Housing Project application form.*

**Date:** \_\_\_\_\_

Application is hereby made to rent an apartment generally described as \_\_\_\_\_  
Located at 10211-107 Street, Westlock, Alberta.

I/We understand that to qualify for affordable housing I/We must be employed at least 20 hours per week, and the total combined household income cannot exceed the following per year:

Studio Apartment-----\$31,000	<input type="checkbox"/>	<b>(Please check appropriate box)</b>
One bedroom Apartment-----\$35,500		Employed and work 20 hours or more per week
Two Bedroom Apartment-----\$40,000	<input type="checkbox"/>	Social Assistance/ AISH/ Other
Three Bedroom Apartment-----\$43,500		

***In addition you must provide a copy of your current year's notice of tax assessment, as well as your co-tenants tax assessment as proof of your household income. This will be required on an annual basis, and should your income exceed these thresholds you will be required to vacate the premises within 90 days.***

**Applicant**

NAME: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PRESENT ADDRESS**

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

How Long: \_\_\_\_\_

Town/City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Previous Address**

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

How Long: \_\_\_\_\_

Town/City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

# of Children: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Ages: \_\_\_\_\_

**Disabilities Special Needs**

\_\_\_\_\_  
\_\_\_\_\_

Support Programs: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Phone # \_\_\_\_\_

2) \_\_\_\_\_ Phone # \_\_\_\_\_

**Employment**

**Employer:** \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

How long at present job: \_\_\_\_\_

**Co-Applicants Employer:** \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

How long at present job: \_\_\_\_\_

**References**

Personal Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Landlord Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

If less than two years, please list previous landlord:

Name of Landlord: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ How long did you live there? \_\_\_\_\_

**By naming the individuals in your references, you consent to the release of information between Westlock Affordable Project Housing staff and these individuals regarding your application.**

X \_\_\_\_\_

**(Signature of Applicant)**



Have you ever been asked to vacate your premises? Yes  No

If yes, why? \_\_\_\_\_

Reasons for wanting to move

Other information I wish to provide: \_\_\_\_\_

I understand that this is just an application and that it is not an agreement for lease on the part of Westlock Affordable Housing Project, or its agents, to provide me with rental accommodation.

I further acknowledge the right of the Town of Westlock , or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize the Town of Westlock, or its agents to investigate any or all of the statements made by me in this application, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

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

X \_\_\_\_\_  
**Signature of Applicant**



**(Confidential)**

**(Dominion of Canada, Province of Alberta) IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION**

I, \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta, do solemnly swear as follow:

That I am the applicant named in this application;

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;

And I make this Solemn Declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

Declared before me at the Town of Westlock, in the Province of Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**A Commissioner of Oaths in and for the Province of Alberta**

**Stamp**

