



**Bethany
Care Society**

High River Affordable Housing Criteria

High River Affordable Housing is a housing option to those who are unable to afford market housing. Rents are intended to be affordable, fixed and are not subsidized. Rent does not include power, cable or telephone. Ability to pay rent is an important consideration for selection.

Selection is based on eligibility and greatest need.

- 1. Primary Applicant over the age of 18.**
- 2. Primary Applicant is a Canadian Citizen or Permanent Resident**
- 3. Income:**

Mundy Park + power

Unit	Rent	Min Income	Max Income
1 Bedroom	610/month	20,000	27,000
2 Bedroom	700/month	24,000	31,000
3 Bedroom	810/month	28,000	36,000

River’s Edge + power & heat

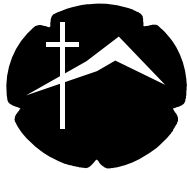
Unit	Rent	Min Income	Max Income
2 Bedroom	800/month	32,000	35,000
3 Bedroom	900/month	36,000	39,000

Prairie Sound + power & heat

Unit	Rent	Min Income	Max Income
2 Bedroom	850/month	33,500	36,500
3 Bedroom	950/month	37,000	40,000

- 4. Assets: Does not include RRSP, Pension Funds or RRIFS or equity in a vehicle.**
 - o Maximum \$7,000 assets.**
- 5. Must be living, working or attending school in High River or have immediate family ties in High River.**

Application for a unit does not guarantee acceptance.



Bethany Care Society

Head Office - 1001 - 17 Street NW

Calgary, Alberta T2N 2E5

HIGH RIVER AFFORDABLE HOUSING

Fax: 403-284-1992 Phone: 403-619-0402

APPLICATION FOR HOUSING

APARTMENT 1 BR 2 BR

3 BR

DATE: _____

PLEASE PRINT CLEARLY

APPLICANT				CO-APPLICANT			
NAME				NAME			
LAST		FIRST		LAST		FIRST	
PHONE #	RES.:	CELL:	BUS.:	PHONE #	RES.:	CELL:	BUS.:
DATE OF BIRTH (yyyy/mm/dd)		ALBERTA HEALTH CARE NO:		DATE OF BIRTH (yyyy/mm/dd)		ALBERTA HEALTH CARE NO:	
SOCIAL INSURANCE NUMBER (Optional-used for credit check)			ARE YOU A SMOKER?	SOCIAL INSURANCE NUMBER (Optional-used for credit check)			ARE YOU A SMOKER?
			YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
PRESENT ADDRESS				PRESENT ADDRESS			
STREET				STREET			
CITY/PROV		POSTAL CODE		CITY/PROV		POSTAL CODE	
RENT \$	OWN \$	BOARD \$	BOARD \$	RENT \$	OWN \$	BOARD \$	BOARD \$
HOW LONG?		SINCE: (mm/dd/yy)		HOW LONG?		SINCE: (mm/dd/yy)	
REASON FOR WANTING TO LEAVE:				REASON FOR WANTING TO LEAVE:			
PRESENT LANDLORD				PRESENT LANDLORD			
Name (Last,First)			Phone	Name (Last,First)			Phone
PREVIOUS LANDLORD				PREVIOUS LANDLORD			
Name (Last,First)			Phone	Name (Last,First)			Phone
Other Person(s), under 18, who will occupy the suite				Other Person(s), under 18, who will occupy the suite			
Name	Relationship	Date of Birth		Name	Relationship	Date of Birth	
Name	Relationship	Date of Birth		Name	Relationship	Date of Birth	
Name	Relationship	Date of Birth		Name	Relationship	Date of Birth	
EMERGENCY INFORMATION				EMERGENCY INFORMATION			
Next of Kin (not spouse)		Name:		Next of Kin (not spouse)		Name:	
Address		Relationship	Phone	Address		Relationship	Phone
SPECIAL NEEDS				SPECIAL NEEDS			
Are you a permanent resident? Yes _____ No _____				Are you permanent resident? Yes _____ No _____			
Are you a Canadian Citizen Yes _____ No _____				Are you a Canadian Citizen Yes _____ No _____			

FAMILY DOCTOR		FAMILY DOCTOR	
Name	Phone	Name	Phone

EMPLOYMENT INFORMATION				EMPLOYMENT INFORMATION			
Present Employer		Phone		Present Employer		Phone	
Position		Since (mm/dd/yy)		Position		Since (mm/dd/yy)	
Full-time	Part-time	Temporary	Seasonal	Full-time	Part-time	Temporary	Seasonal
<i>Income (all sources) \$</i>				<i>Income (all sources) \$</i>			
Previous Employer		Phone		Previous Employer		Phone	
Position		Since (mm/dd/yy)		Position		Since (mm/dd/yy)	
Full-time	Part-time	Temporary	Seasonal	Full-time	Part-time	Temporary	Seasonal

PARKING REQUIRED		PARKING REQUIRED	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many spots?	

VEHICLE INFORMATION			VEHICLE INFORMATION		
Model/Year	Color	Plate No.:	Model/Year	Color	Plate No.:

ARE THERE ANY CIRCUMSTANCES YOU WOULD LIKE TO MAKE US AWARE OF?

DECLARATION

* I/We hereby declare that the foregoing information is true and correct. I/We hereby authorize and allow Bethany Care Society to complete a credit/personal investigation and I/We give permission to previous landlords and references to provide information on our previous associations as requested by Bethany representatives in completing their investigation.

I/we understand that false ststemens could cause my/our application to be denied or cause me/us to be evicted. Application to rent is subject to the approval and acceptance of Bethany Care Society.

Signature	Signature
Date	Date

" For Office Use Only "

Tax Assessment (Previous Year)	Tax Assessment (Previous Year)
Proof of Income	Proof of Income
Identification Verification: 1	Identification Verification: 1
2	2
References checked by	Interview done by:
Credit verified by	Comments:
Employment verified by	
Previous landlord verified	
Approved by	
Application Disapproved:	Reason: Date:

Income Information

List the income of each member of the household who is over the age of 15. Include full and part-time employment. Use the amount shown on line 150 on each person's tax return from the previous year.

Name of Household Member	Income as per line 150
Total Household Income	

Attach a copy of each person's Notice of Assessment, for the previous year, from Revenue Canada.

Is your income different now from last year? _____
 Why? _____

How much do you make now? _____

Attach copies of your two most recent cheque stubs from each person's pensions, pay cheques or other sources of income.

Are you, or another member of the household, receiving child support?
 Yes _____ No _____

If yes, how much per month? _____

Are the payments reliable? _____

Household Assets

Please list the assets owned by you or any other member of the household who is over the age of 18. **Attach the most recent statement(s) for each item.**

Asset	Owned By	Value	Are you the sole owner of the item?
Bank Account – Chequeing			
Bank Account – Savings			
Bank Account – Other			
Bank Account – Other			
Bank Account – Other			
Stocks and Bonds			
Property - house or land			
Term Deposits (GIC's)			
Mutual Funds			
Recreational Vehicles			
Other			
Other			
	Total Assets		

Household Expenses and Debt

Debts: Please list any outstanding debts you may have. **Attach the most recent statements.**

Type of Debt	Creditor	Amount Owning	Monthly Payment
Car Payment			
Bank Loan			
Credit Card			
Credit Card			
Credit Card			
Student Loan			
Other Lending Institution			
Other Debts			
Other Debts			
Other Debts			
Total Monthly Payments			

Do you have any other extra expenses (e.g. child care, special medical needs) that impact your ability to pay rent? **Attach any receipts or statements that prove the expense.**

Item	Monthly Expense
Day Care	
Medical Expenses	
Child Support Payment	
Legal Expenses	
Other	
Total Monthly Expense	

Do you have any special circumstances, such as a disability or child care issues that impacts your ability to work full time? Please explain:

Current Housing

Landlord's Name: _____ Landlord's Phone: _____

How long have you lived there? _____

How much is your monthly rent? _____

Do you receive any rent supplements? Yes ____ No ____

If yes, how much? _____

What are your average utility costs? Attach statements.

Electricity _____ Heat _____ Water _____

Why do you want to move?

How many bedrooms are there in your current residence? _____

If you, or someone that lives with you, has a physical disability, is your current home accessible? _____

Do you have any concerns about the health or safety conditions of your current home? You may be asked to provide proof.

If you have lived in your current home for less than six months, where did you live before?

Landlord's Name: _____ Landlord's Phone: _____

How long did you live there? _____

Why did you leave?

If you are not living in High River now, why do you want to move here?

Is there anything else you would like to tell the selection committee about your housing situation? _____



Bethany Care Society

Things to include with your application:

Please submit copies only:

- Copies of identification for each member of the household.
- Copy of the most recent Notice of Assessment from Revenue Canada for each member of the household who is over the age of 15 and **not** attending school full time.
- If** your income now is different from what is on your last tax return, attach copies of your last two cheque stubs.
- Copies of the most recent bank statements for each member of the household over the age of 18.
- Copies of the most recent statements for GIC's, stocks and bonds, mutual funds and/or any other investments you, other household member's over the age of 18 may have.
- Copies of your most recent utility bills for all the utilities you pay.
- Copies of receipts for medical, child care, or other extra expenses listed.
- Copies of the most recent credit card statements, loan statements and other debts.