

RENAISSANCE TOWER

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

The affordable housing units shall be available for occupancy to any qualified Person seeking Affordable Housing with priority placement given to qualified Members of the Metis/Aboriginal community, qualified Boyle Street Neighborhood Residents and to qualified individuals with physical disabilities

PROCEDURE

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

Submit with your application:

- ∞ Proof of Native Ancestry- Metis Card (contact Metis Nation of Alberta) or Status Card (contact Indian and Northern Affairs Canada) or Inuit Status
- ∞ Letters of reference: from your current or previous Landlord and/or two personal reference letters.
- ∞ Criminal Record Check (Security Clearance) for all applicants over 18-64 years
- ∞ *If you have a criminal record – request a detailed report*
- ∞ Medical letters are required if you or someone in your family are handicapped or disabled
- ∞ Alberta Health Care and or SIN for Applicant & Co Applicant
- ∞ Income Tax Notice of Assessment for the most recent year
- ∞ Income Verification – Pay Stubs / Direct Deposit Confirmation / Letter from Employer
- ∞ Further documentation may be required

PLEASE NOTE

All applications are processed at the Head Office in Edmonton. We select tenants based on the most suitable candidate.

We are not an Emergency Housing Program.

Once accepted, you will be notified. If there are no units available your name will be put on a Pre Approved List. You must contact our office each time contact information changes (phone number and/or mailing address). If after 3 attempts to reach you we are unsuccessful, your name will be removed from the Pre Approved List.



11923 121A Street Edmonton AB T5L 0A2
Ph: 780-452-6440 Fax: 780-452-1076 Toll Free: 1877-458-8684

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ALL INFORMATION MUST BE COMPLETED BEFORE PLACEMENT ON WAIT LIST

Name of Applicant: _____	Name of Co-Applicant: _____
Applicant's Date of Birth: _____	Co-Applicant's Date of Birth: _____
Social Insurance Number: _____	Social Insurance Number: _____
Alberta Health Care: _____	Alberta Health Care: _____
Alberta Health Care Number: _____	Alberta Health Care Number: _____
Address: _____	Address: _____
City/Province: _____ P/C _____	City/Province: _____ P/C _____
Current Telephone Number: _____	Current Telephone Number: _____

Applicant's Marital Status: Married: _____ Single: _____ Common-law: _____ Other: _____

Do you require "Barrier Free" accommodations? Yes _____ No _____
Do you require "Barrier Free Adaptable" accommodations? Yes _____ No _____

<u>SOURCE OF APPLICANTS INCOME</u>	<u>SOURCE OF CO-APPLICANTS INCOME:</u>
Employed gross monthly amount: \$ _____	Employed gross monthly amount: \$ _____
Employer's phone: _____	Employers phone: _____
Social Services total amount of assistance per month: \$ _____	
Workers name: _____	Workers phone: _____
A.I.S.H.: \$ _____ Pension(s): \$ _____ E.I.: \$ _____	
Student Grant(s): \$ _____ Other: \$ _____	
INCLUDE INCOME FOR ALL DEPENDENT'S RESIDING WITH YOU IN ABOVE SPACE PROVIDED	

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PRESENT ADDRESS:

If you currently reside in housing located either 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 now live in a: Apartment: _____ House: _____ Condo: _____ Bsmt. Suite: _____

Do you now live in subsidized housing? Yes: ___ No: ___ Length of time at present address: Years: ___ Months: ___

Monthly Rent: _____ Are Utilities Included: Yes: _____ No: _____

Monthly cost of Power: _____ Gas: _____ Water: _____

Number of Bedrooms: _____ How much notice must you give before moving: _____

Present Landlord: _____

Telephone: _____ Address: _____

Previous Landlord: _____ Move out date: _____

Telephone: _____ Address: _____

OTHER INFORMATION:

Have you ever applied to Métis Urban or Métis Capital Housing Corporation before? Yes: ___ No: ___ If yes when? _____

How long have you lived in Alberta: _____

NEXT OF KIN / CONTACT PERSON IN EVENT OF EMERGENCY:

Name: _____ Address: _____ Phone: _____

I understand and further agree to:

- ∞ **Submit income verification to ensure qualifications are met in accordance with Policy and Guidelines**
- ∞ **Authorize Métis Capital Housing Corporation to conduct inquiries re the approval of my MCHC Application**
- ∞ **Submit a Criminal Record Check**
- ∞ **Sign a Lease Agreement (Month to Month)**

SIGNED BY: APPLICANT: _____

CO-APPLICANT: _____

DATE: _____

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

Thank you for applying with Métis Capital Housing Corporation