

Application for Accommodation

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:	
	(Please check appropriate box)
Studio Apartment\$33,500	Employed and work 20 hours or more per week
One bedroom Apartment\$38,000 Two Bedroom Apartment\$43,500 Three Bedroom Apartment\$47,000	Social Assistance/ AISH/ Other
In addition you must provide a copy of your current year's not tax assessment as proof of your household income. This will b income exceed these thresholds you will be required to vacate Applicant	e required on an annual basis, and should your
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:

Support Programs: Health Issues: **Emergency Contacts:** 1) Phone # 2)_____ Phone # **Employment** Employer Address: Phone #____ Supervisor:_____ How long at present job: Co-Applicants Employer: _____ Employer Address: Phone #_____ Supervisor: 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. (Signature of Applicant)

Disabilities Special Needs

Have you ever been asked to vacate your premises? Yes \square No \square		
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.		
XSignature of Applicant		