

Parkland Foundation

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**Direct Rent Supplement Program/
Social Housing**

PLEASE READ CAREFULLY

INSTRUCTIONS FOR COMPLETING APPLICATION:

Complete **ALL** questions, supplying **ALL** of the requested information. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information you would like us to be aware of.

You will be required to provide the following:

- If you or any member of your family is receiving Employment Insurance, Worker's Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit.
- Documentation to verify all sources of income (other than Family Allowance) i.e. child support, oil royalties, etc.
- A copy of your most recent three months pay cheques, benefit cheques, pension cheques, etc., or dated stubs for each member of your family receiving income from any source.
- If you are a student, a letter from the registrar of your school verifying your registration, as a full-time or part-time student. This is required for household head, spouse and all dependents over the age of eighteen years.

In order for you to obtain the information we require, your application will be held for two (2) weeks. After two weeks, if the required information is not received, your application will be cancelled.

THIS APPLICATION WILL NOT BE PROCESSED, UNLESS ALL QUESTIONS ARE FULLY ANSWERED AND MOST RECENT TAX YEAR'S NOTICE OF ASSESSMENT ENCLOSED.

7. Do you own or rent your present accommodation? Own Rent
Present rent or house payment is \$ _____ per month, plus \$ _____ for heat,
\$ _____ for light, and \$ _____ for water and sewer.

8. If renting, name of present Landlord: _____
Address: _____
Telephone No: _____

9. Is your present accommodation a:
House Townhouse Apartment Rooming House Hotel/Motel Other _____

10. Rooms in your present accommodation:
Kitchen Living Room Dining Room Number of Bathrooms _____ Number of Bedrooms _____

11. Do you share any part of the accommodation with person(s) other than those listed in
question #4? No Yes
If yes, how many other person? Number of adult's _____ Number of Children _____. What part of the
accommodation is shared? _____

If you do not pay rent, do you contribute financially? No Yes
If yes, specify _____

12. Is any member of your family physically handicapped? No Yes
If yes, specify _____
Do you require a handicapped unit? No Yes

Please feel free to describe your present accommodation and any information you would like Mountain View Seniors' Housing to be aware of. This space is provided for you to explain your reasons for applying for Rent Supplement, and will assist us in the approval of your application.

15. Statement of Income:

NOTE: All information regarding your Family's income must be complete and accurate. Provide details of current employment held for the last three (3) months (begin with the most recent employer).

Applicant Name: _____ Social Insurance # _____/_____/_____

Company	Address	Employed		Rate of Pay		Hours per Week
		From	To	Gross Monthly	Hourly	

Co-Applicant or Spouse: _____ Social Insurance # _____/_____/_____

Company	Address	Employed		Rate of Pay		Hours per Week
		From	To	Gross Monthly	Hourly	

Other Household Member: _____ Social Insurance # _____/_____/_____

Company	Address	Employed		Rate of Pay		Hours per Week
		From	To	Gross Monthly	Hourly	

Other Household Member: _____ Social Insurance # _____/_____/_____

Company	Address	Employed		Rate of Pay		Hours per Week
		From	To	Gross Monthly	Hourly	

16. Have you received any other sources of income in the past twelve (12) months?
 (Please indicate if Not Applicable - N/A)

Source of Income	Name of Family Member in receipt	Gross Monthly Income
Student Grants/Allowance		
Unemployment Insurance		
Worker's Compensation		
Social Assistance (don't include Family Allowance)		
Child Support/Alimony Voluntary or Court Award		
Other Income (Tips, Interest, Royalties, etc.)		
Pensions: Department of Veteran Affairs		
Old Age Security		
Canada Pension - (Retirement, Widow & Orphan Benefits)		
Guaranteed Income Supplement		
Alberta Income Supplement		
Company or Group Pension		
Income from Self Employment		

DETAILS OF SELF-EMPLOYMENT MUST BE OUTLINED BY THE SUBMISSION OF A FINANCIAL STATEMENT SUBJECT TO REVIEW BY PARKLAND FOUNDATION.

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