



# Grande Spirit Foundation

**FOR OFFICE USE ONLY**

Entered: \_\_\_\_\_ Score: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_  
Last First

Social Insurance Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  
Day / Month / Year

Co-Applicant Name: \_\_\_\_\_  
Last First

Social Insurance Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  
Day / Month / Year

Phone Number: 1. \_\_\_\_\_  
2. \_\_\_\_\_

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

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

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

**How long have you lived in Alberta?**

less than 6 months  more than 6 months

**How long have you lived in Canada? \_\_\_\_\_**

Citizenship Status:  Canadian Citizen  Landed Immigrant

Other (Explain): \_\_\_\_\_  
Indigenous:

Yes  No

Do you own a pet  No  Yes Type of Pet(s) \_\_\_\_\_

Are you a Housing First Client:  Yes  No

**Choose all that may apply:**

- People at risk of homelessness or transitioning out of homelessness supports
- People dealing with mental health and addiction
- Youth exiting government care
- Veterans
- Recent immigrants and refugees
- Racialized Groups
- People who identify with diverse concepts of sexual orientation, gender identity and expression such as LGBTQ, etc.

**Monthly Financial Information: (for all Household members age 22+)**  
**Attach copy of your most recent Tax Summary & Notice of Assessment**

Employment (Hours x Wage): \_\_\_\_\_

AISH: \$ \_\_\_\_\_  Alberta Supports: \$ \_\_\_\_\_

Pensions: \$ \_\_\_\_\_  EI Benefits: \$ \_\_\_\_\_

Other: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

**Assets:** (List all Assets: Vehicles, RV's, Property, Savings, RRSP'S)

Vehicle/RV: Year/Make/Value: \_\_\_\_\_

Owned  Monthly Payment Amount: \$ \_\_\_\_\_

Cash in Bank: \$ \_\_\_\_\_  Savings: \$ \_\_\_\_\_

Stocks/Bonds: \$ \_\_\_\_\_  RRSP's: \$ \_\_\_\_\_

Real Estate: Describe/Value: \_\_\_\_\_

**Family Members Who Will Live With You Including Yourself:**

Date of Birth: Day / Month / Year

#1 Adult: Gender: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#2 Adult: Gender: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#1 Child: Gender: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#2 Child: Gender: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#3 Child: Gender: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do any of the above people have a disability?  Yes  No

Type of disability  Mental: Explain \_\_\_\_\_

Physical: Explain \_\_\_\_\_  Wheelchair

**Present Living Accommodations:**

Own Place  Private Rental  Social Housing

Hotel  Community Dorm  Women's Shelter

Institutional  Homeless  Other \_\_\_\_\_

Are you living with family or friends  Yes  No

If **Yes**, indicate number of people **other than those listed above:**

# \_\_\_\_\_ Children # \_\_\_\_\_ Single Adults # \_\_\_\_\_ Couples

Size of Present Home:  1-Bdrm  2-Bdrm  3-Bdrm  4-Bdrm

Landlord/Family or Friend Name: \_\_\_\_\_

Landlord's Phone #: \_\_\_\_\_ Rent paid/month: \$ \_\_\_\_\_

Paying Utilities  Yes  No

**Ability to Pay:**

Damage Deposit:  Yes  No First Month's Rent:  Yes  No

**Reason for Moving: (check more than one if applicable)**

- Need for Independence  Safety/Security  Relocating
- Undesirable Location  Unable to Maintain  Too Small
- Family Status Change  Family Violence  Accessibility
- Discharged from Institution  Unit Condemned  Foreclosure
- Permanent Housing Needed  Health Reasons  Unaffordable

Poor Condition (Explain): \_\_\_\_\_

Eviction (Explain): \_\_\_\_\_

Emergency (Explain): \_\_\_\_\_

**PLEASE CONTINUE ON THE BACK**



**General Information:**

*This information is being collected under the authority of M.O.#H:091/94 under the Alberta Housing Act. The Grande Spirit Foundation will use this information to verify and assess housing and services required by the applicant, and if necessary for the collection of outstanding debts owed to the Foundation. The information is protected from public disclosure by sections 38, 40, and 41 of the Freedom of Information and Protection of Privacy Act.*

**Application:** Applications are to be completed and returned to the Grande Spirit Foundation. All applications are rated based on their need for housing assistance, which considers the following:

- Annual income
- Assets
- Size of unit required based on family composition.
- Condition of present accommodation

**Assessment:** All applicants will be assessed through a personal interview:

- To verify the information on the application:
  - Household composition
  - Household income
  - Household assets
- To determine the most appropriate housing assistance.

**Selection:**

**Grande Spirit Foundation Direct Rentals:** When one of the units becomes available, the applicant assessed in highest need for the available accommodation will be contacted for a review of the following criteria:

- Ability to pay rent when due.
- Ability to live in the unit with or without community supports (i.e., lawn maintenance)
- Ability to transition through the program (i.e., market rent, home ownership)

**Rental Assistance:** When a rental benefit becomes available, the applicant in highest need for the available funding will be awarded the subsidy.

**Affordable Housing:** (Margaret Edgson Manor, Hearthstone Manor) Available units offered to applicants based on the following criteria:

- Ability to pay **affordable** market rent based on income verification (income tax assessment, current income information)
- Ability to live independently.

**Refusal:** If an applicant refuses the unit offered them, they will be placed on the inactive waiting list. This list would only be referred to if there were no applicants on the active waiting list.

**Updates:** If you wish to have your application updated, or wish to inquire about your application, **you will have to come to the Grande Spirit Administration Office, or to the Beaverlodge or Spirit River Office.** If no contact is made after 6 months, the application will become inactive. If no contact is made after 12 months, the application will be removed from the waiting list.

**Please Complete**

**Specific Circumstances:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where would you be willing to live?**

RAB (Rental Assistant Benefit)

Grande Prairie     Beaverlodge     Wembley

Spirit River     Sexsmith

Hearthstone Manor     Margaret Edgson Manor

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Support Services Accessed**

Alberta Supports     AISH     Housing First

Odyssey House     North Reach     Centerpoint Facilitation

Wapiti House     Canadian Mental Health Association

AB Mental Health     PACE     Primary Care Network

Salvation Army     FCSS     Community Social Development

Friendship Centre     Centre for Young Parents

Other: \_\_\_\_\_

If you checked Support Services above, give the name of your support worker(s): \_\_\_\_\_

\_\_\_\_\_

Name & Phone Number of Guardian or Family Support:

\_\_\_\_\_

**Your signature below will give Grande Spirit Foundation permission to contact the above noted people on your behalf.**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_