



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

Over 65 yrs old Seniors self-contained social housing

Grande Prairie Beaverlodge Wembley

Sexsmith Bezanson DeBolt

Spirit River Wanham LaGlance

Rycroft Eaglesham Clairmont

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 _____