

## Grande Spirit Foundation

Entered:	Score:	l

FOR OFFICE USE ONLY

Applicant Information:			
Name:	Assets: (List all Assets: Vehicles, RV's, Property, Savings, RRSP'S)		
Last First	O Vehicle/RV: Year/Make/Value:		
Social Insurance Number://	O Owned O Monthly Payment Amount: \$		
Date of Birth:/ Gender:	O Cash in Bank: \$O Savings:\$		
Day / Month / Year	O Stocks/Bonds:\$O RRSP's:\$		
Co-Applicant Name: Last First	O Real Estate: Describe/Value:		
Social Insurance Number: /	Family Members Who Will Live With You Including Yourself:		
Date of Birth:/ Gender:	Date of Birth: Day / Month / Year		
Day / Month / Year	O #1 Adult: Gender://		
Phone Number: 1	O #2 Adult: Gender://		
	O #1 Child: Gender:		
Email Address:	O #2 Child: Gender://		
Address:	O #3 Child: Gender://		
City: Postal Code:	Do any of the above people have a disability? O Yes O No		
How long have you lived in Alberta?	Type of disability O Mental: Explain		
O less than 6 months  O more than 6 months	O Physical: Explain O Wheelchair		
How long have you lived in Canada?	Present Living Accommodations:		
Citizenship Status: O Canadian Citizen O Landed Immigrant	O Own Place O Private Rental O Social Housing		
Other (Explain):	O Hotel O Community Dorm O Women's Shelter		
Indigenous: O Yes O No	O Institutional O Homeless O Other		
Do you own a pet O No OYes Type of Pet(s)	Are you living with family or friends O Yes O No		
Are you a Housing First Client: O Yes O No	If <u>Yes</u> , indicate number of people <u>other than those listed above</u> :		
Choose all that may apply:	#Children #Single Adults #Couples		
O People at risk of homelessness or transitioning out of homelessness	Size of <b>Present</b> Home: O 1-Bdrm O 2-Bdrm O 3-Bdrm O 4-Bdrm		
supports	Landlord/Family or Friend Name:		
O People dealing with mental health and addiction	Landlord's Phone #: Rent paid/month:\$		
O Youth exiting government care	Paying Utilities O Yes O No		
O Veterans	Ability to Pay:		
O Recent immigrants and refugees	Damage Deposit: O Yes O No First Month's Rent: O Yes O No		
O Racialized Groups	Reason for Moving: (check more than one if applicable)		
O People who identify with diverse concepts of sexual orientation, gender identity and expression such as LGBTQ etc.	O Need for Independence O Safety/Security O Relocating		
Monthly Fire and I before the confirmation of the state o	O Undesirable Location O Unable to Maintain O Too Small		
Monthly Financial Information: (for all Household members age 22+) Attach copy of your most recent Tax Summary & Notice of Assessment	O Family Status Change O Family Violence O Accessibilit		
	O Discharged from Institution O Unit Condemned O Foreclosure		
O Employment (Hours x Wage):	O Permanent Housing Needed O Health Reasons O Unaffordab		
O AlSH: \$ O Alberta Supports: \$	O Poor Condition (Explain):		
O Pensions: \$ O EI Benefits: \$	O Eviction (Explain):		
O Other:			
Present Occupation:	O Emergency (Explain):		

PLEASE CONTINUE ON THE BACK



## Grande Spirit Foundation

## 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
- Size of unit required based on family composition.

Assets

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.

<u>Refusal</u>: 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.

<u>Updates</u>: 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.

Specific Circumstances:							
O RAB (Rental Assistant Benefit)							
Where would you be willing to live?							
O Wembley							
ined social housing							
neu sociai nousing							
ppe Manor O James Manor							
Hein Court (Wembley)							
n Cottages O Laura DeBolt							
Ridge (Wanham)							
illa (Rycroft)							
set Manor (Eaglesham)							
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O Income Supports	O AISH		O Housing First				
O Odyssey House	O North R	each	O Centerpoint Facilitation				
O Wapiti House	O Canadian Mental Health Association						
O AB Mental Health	O PACE	O Pri	mary Care Network				
O Salvation Army	O FCSS	O Co	nmunity Social Development				
O Friendship Centre	Friendship Centre O Seniors Outreach						
O 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 G	rande	Spirit Foundation permission				
to contact the above noted people on your behalf.							
Signature							
Date UndatedJuly2025							
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