



TENANT APPLICATION SELF CONTAINED HOUSING

IMPORTANT



Application Checklist:

- Fully Completed Application
- Signed Declaration
- Notice of Assessment for Current year (or supporting Documentation)

Remember to sign the application declaration.

Missing information will delay the processing of your application.

Submit your completed application in-person with supporting documents to:

Marquis Foundation
614 1st Street North,
PO Box 750
Vulcan, AB T0L 2B0

Ph. 403-485-2636
Fax. 403-485-2393

Or by email to:
cao@marquisfoundation.ca

Criteria

Applicants must be:

- 65 year of age or older
- Independent

Application Process

All applications will be scored according to need, and priority will be given to those in greatest need of affordable housing accommodations.

Marquis Foundation uses a point scoring tool legislated by the Government of Alberta to determine waiting list priorities. If the gross yearly income of the Applicant is more than the amount specified under the "Alberta Housing Act" Social Housing Accommodation regulations (presently \$36,500 for a one-bedroom suite), the applicant, if approved, will be placed on a separate waiting list. The applicant will only be contacted concerning a vacancy when all current applicants whose incomes are under the amount indicated above have been contacted and have refused the accommodations.

Rents are calculated at 30% of the applicant(s)' total income (Notice of Assessment, Line 15000).

Applicants should schedule an interview with the CAO as part of their application process. And if successful, will be placed on our waiting list.

Applicants who are on the waiting list for more than one year will be asked if they want to continue with their applications.

Privacy Statement

The personal information collected on this form will be used for the purpose of determining eligibility of applicant for housing with Marquis Foundation. This information is collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact CAO, Marquis Foundation at 403-485-2636 or Box 750 Vulcan AB T0L 2B0



PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS FOR VERIFICATION

- Most current **Notice of Assessment** – what Revenue Canada returns to you upon completion of your taxes. In some cases, this is not mailed out but is available for you to access online instead. *(Contact your Accountant or contact Canada Revenue Agency at 1-800-959-8281 to request replacement documents OR log in to your CRA My Account and click “Proof of Income Statement” to view and print.)*
- If you are **currently employed**, please provide your last 3 months of paystubs or a letter from your employer to verify employment.
- If you receive **AISH** or **Social Assistance** benefits, please provide a copy of your Income Support Budget/Health Benefits Card with benefit amount.
- If you are receiving **Employment Insurance** (EI), please provide your EI Summary Report with documentation showing your gross amount of benefits.
- If you are receiving **pensions**, please provide your pension confirmation letter.
- If you are receiving benefits through the **Workers Compensation Board** (WCB), please provide documentation.
- If you receive **Child Support and/or Spousal Support**, please provide documentation such as receipts, bank statements, maintenance enforcement agreement or court order.
- If you receive **Federal and or Provincial Benefits**, please provide verification from the CRA (Canada Revenue Agency).

Submit Applications to:

Marquis Foundation
614 – 1st Street North
Box 750
Vulcan, AB T0L 2B0
403-485-2636
403-485-2393 (fax)
cao@marquisfoundation.ca

Personal Information			Date of Application
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Title (Circle) Mr. Miss Mrs. Ms.	Applicant 1 Legal Last Name	Legal First Name	Initial
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Birthdate (MM-DD-YYYY) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Legal Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other
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Street Address	City	Province	Postal Code
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Email	Home Phone	Alternative Phone
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Co-Applicant Personal Information (if Applicable)			
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Title (Circle) Mr. Miss Mrs. Ms.	Applicant 2 Legal Last Name	Applicant 2 Legal First Name	Initial
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Birthdate (MM-DD-YYYY) Applicant 2 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Relation to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	Applicant 2 Legal Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other _____
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Resident Information		
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Are you a resident of a Contributing Municipality? <i>(Vulcan County, Arrowwood, Milo, Lomond, Champion, Carmangay)</i> <input type="checkbox"/> Yes If Yes, how long have you been a resident? <input type="checkbox"/> No _____ years	Length of residence in: ALBERTA? _____ years	CANADA? _____ years
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Housing Reference and Consent				
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Landlord 1 Name	Address
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Phone Number	Date From	Date To
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I hereby give permission to Marquis Foundation to obtain the following information from my previous landlord. <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center; margin: 0;">Signature</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center; margin: 0;">Date</p>	For office use only:	YES	NO	Comments
	<input type="checkbox"/> Rent paid on time?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Rent in arrears?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Documented tenancy complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Would rent to applicant again?	<input type="checkbox"/>	<input type="checkbox"/>		

Current Housing Conditions

<i>Resident Status</i> <input type="checkbox"/> Renting <input type="checkbox"/> Property Owner _____		<i>Monthly Payment Amount</i> <i>(Rent/Mortgage Payment)</i> \$ _____	<i>Do you pay?</i> <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Water/Sewer	<i>Residence Type</i> <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	
Do you share accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Number of People Sharing House</i>		<i>Number of People sharing:</i>	
		Adults	Children	Bathroom	Bedroom
Are you currently living in an abusive situation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you manage your current accommodations <i>(yardwork, housework, repairs)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently have other housing options available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you NEED to move out of your current location? <input type="checkbox"/> Yes If YES , why: _____ <input type="checkbox"/> No			<i>What other reasons do you have for moving:</i>		

Personal Needs Information

<i>In which of the following areas do you have difficulty?</i> <input type="checkbox"/> Using stairs <input type="checkbox"/> Preparing meals <input type="checkbox"/> Laundry <input type="checkbox"/> Housekeeping <input type="checkbox"/> Shopping		<i>Which Home Care Support Services do you currently use?</i> <input type="checkbox"/> Bath Assist <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Medication Help <input type="checkbox"/> Other _____	
<i>Mobility Aides:</i> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Other _____	<i>Are you a smoker?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Do you have your own vehicle?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Preference: <input type="checkbox"/> Vulcan <input type="checkbox"/> Any	<i>Champion</i> <input type="checkbox"/> Village Centre Apartments	<i>Carmangay</i> <input type="checkbox"/> Carman Manor	<i>Lomond</i> <input type="checkbox"/> Golden Prairie

Is there any other information you wish to provide for your application for housing with Marquis Foundation?

Income Information**All income will be re-verified prior to Lease Process***THIS INFORMATION IS MANDATORY FOR DETERMINING HOUSING ELIGIBILITY**

Total Income: Line 15000 from current income tax year from the Notice of Assessment. Year: 20	\$		\$	
Other Income	Principle \$		Interest \$	
	Applicant	Co-Applicant	Applicant	Co-Applicant
Chequing/Savings Accounts	\$	\$	\$	\$
R.R.S.P./R.R.I.F.	\$	\$	\$	\$
Term Deposits/GICs	\$	\$	\$	\$
Stocks	\$	\$	\$	\$
Bonds (Canada Savings Bonds/Alberta Bonds)	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Company Pensions (Annuities)	\$	\$	\$	\$
Rental Property	\$	\$	\$	\$
Other Investment Income	\$	\$	\$	\$
Assets	Applicant		Co-Applicant	
House	\$	\$	\$	\$
Land, Vacation Home	\$	\$	\$	\$
Recreational Vehicle	\$	\$	\$	\$
Other (Please specify)	\$	\$	\$	\$

APPLICATION FOR ACCOMMODATION – SENIOR CITIZENS
(Confidential)
PLEASE READ CAREFULLY

I understand that this is an application and that it is not an agreement on the part of the Marquis Foundation Self Contained Housing, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Marquis Foundation Self Contained Housing, 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 Marquis Foundation Self Contained Housing, 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 Marquis Foundation Self Contained Housing, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

Signature of Witness

Signature of Applicant

I, _____, of the _____ of _____, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in this application;
2. That the statements made by me in this application are correct to the best of my knowledge, information and belief, full and true in all respects;
3. That I have resided in the Province of Alberta for _____ years of my life and in Vulcan County for _____ years;

And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effects as if made under oath and by virtue of the "Canada Evidence Act".

Declared before me _____)
At the _____ of, _____)
In the Province of Alberta, _____)
This _____ day of _____, 20____)

Signature of Applicant

A Commissioner for the Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment expires on _____
Day/Month/Year