MARQUIS FOUNDATION

614-1st Street North
Vulcan, AB T0L 2B0

403-485-2422, 403-485-2393(F)
www.marquisfoundation.ca
Email: cao@marquisfoundation.ca

Residency Requirement
To be eligible for these programs, you must have lived in Vulcan County for the past 6 months.

Date:

APPLICATION FORM:
Please check all programs that you wish to apply for:
☐ Seniors Housing – Apartments
☐ Family Housing

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

- Complete ALL questions, supplying ALL the requested information as applicable to the household.
- Your completed application MUST be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta.
- The Application will be processed only when the application has been completed in its entirety and all supporting documents have been received. Along with the application, you are required to provide the following:

Document Checklist: include the documents listed under the program you are applying for:

Seniors Housing - Apartments	Family and Individual Housing
☐ Current Income Tax Notice of Assessment Line 150	☐ Current Income Tax Notice of Assessment Line 150
☐ If income has changed substantially in the past year, three current months of bank statements.	☐ Employment income for each household member over the age of 22 - pay stubs for past 3 months.
☐ WCB Income	☐ ROE if issued in the past 4 weeks
☐ Pension Income - CPP, OAS, GIS, ASB	☐ Adult Health Benefit - copy of approval letter for the current year and medical services card.
☐ Alberta Health Care Card	☐ Employment Insurance or WCB Income.
☐ Investment income - attach statement showing the value and interest earned.	☐ All other Sources of income - child tax, student loan & grants, AISH, Self-Employment, CPP, Child support, spousal support, investment income.
☐ Property - mortgage agreement. If property is being sold verify proceeds to be received. If property is foreclosed, submit supporting letter from bank or lawyer.	☐ Current three months of bank statements.
☐ Lease Agreement	☐ Lease Agreement
☐ Notice to Vacate/Eviction notice	☐ Notice to Vacate/Eviction notice.
☐ Mental health/addictions written confirmation.	☐ Alberta Health Care cards for all family members.
	☐ Housing required for custody confirmation.
	☐ Mental health/addictions written confirmation.
☐ Emergency/Family Violence: Attach a letter from an agency, shelter or advocate stating why this is an emergency situation.	☐ Emergency/Family Violence: Attach a letter from an Agency, shelter or advocate stating why this is an emergency situation.

	Full Name	Preferred Pronoun	SIN	Occupation	D.O.B. (MM/DD/YY)
Applicant:					
Co-Applicant's:					
Marital Status:	☐ Married ☐ Widowed	☐ Single ☐ Divorced		☐ Separated ☐ Common-Law	
If Common-Law or separated, state how long:					

List all other persons, who will be living with you should your application be approved:				
Last Name	**First Name**	**Relationship to Applicant**	**Birth Date (MM/DD/YY)**	**Occupation or School Grade**

Street Address:	(Municipal Address-Unit Number, Street, Avenue)	**Postal Code**
Mailing Address:	(Mailing Address, if different from above)	**Postal Code**
Length of time in current residence (years)?		
Home Telephone:	**Cellular Telephone:**	
Business Tel. (best no.):	**Email Address:**	

Do all the people listed above currently live in the household full-time?	☐ No	☐ Yes

If No, provide the name of the person(s) and number of days per week they live in your household.

Name	Days/Week	Shared Custody		If not shared custody, reason not living with household full-time
		☐ No	☐ Yes	
		☐ No	☐ Yes	
		☐ No	☐ Yes	

Are all members listed in this application, Canadian Citizens? If no, provide copies of immigration papers for members who are not Canadian Citizens.	☐ No ☐ Yes	
Do you expect the number of people in your family to change in the next 12 months? If yes, please explain:	☐ No ☐ Yes	
Have you previously been a Tenant of the Marquis Foundation? If yes, provide details (i.e.: name on lease, date of lease, property address, reason for leaving)	☐ No ☐ Yes	
Do you currently have money owing to Marquis Foundation?	☐ No	☐ Yes

Housing Preferred Location(s) ranked (1 - highest to 4 - lowest) (Only applicable to Seniors Housing Apartments)
☐ Vulcan: ___ ☐ Carmangay ___ ☐ Champion ___ ☐ Lomond____

Do you own or rent your present accommodation?	☐ Own ☐ Homeless	☐ Rent to Own	☐ Rent
Present Monthly Rent or House Payment:	$	☐ Includes utilities ☐ Does not include utilities	
Do you pay for:	☐ Heat - Amount: $	☐ Electricity Amount: $	☐ Water and Sewer Amount: $
Specify your present accommodation:	☐ House ☐ Townhouse ☐ Apartment	☐ Room & Board ☐ Hotel or Motel	☐ Other:
Identify the Rooms in your present accommodation:	☐ Kitchen ☐ Dining Room ☐ Living Room ☐ Other	Number of Bathrooms: Number of Bedrooms:	

Do you share any part of the accommodation with person(s) other than those listed as part of your housing application:	☐ No ☐ Yes	If yes, how many other people:		What part of the accommodation is shared:
		☐ Number of Adults:		
		☐ Number of Children:		

Condition of current home:	☐ Good Condition ☐ Poor Condition	**If poor, specify:**	
Do you feel safe in your home?	☐ No ☐ Yes	**If no, specify:**	
If you do not pay rent, do you contribute financially?	☐ No ☐ Yes	**If yes, specify:**	
Have you received a legal notice to end tenancy?	☐ No ☐ Yes	**If yes, what date do you have to move by?**	

Have you received a notice of rent increase in the past 3 months? If Yes, specify amount and include notice.	☐ No ☐ Yes	**Rent Increase Amount:**	**$**
Do you require housing to secure custody of your children - attach verification by social services?	☐ No ☐ Yes		

The Government of Alberta requires the Marquis Foundation to collect this information. **Do any members of your household identify as:**	**No**	**Yes**	**Decline to respond**
Indigenous People			
People with disabilities (physical and or developmental)			
Individuals fleeing violence and or trafficking, including leaving second stage shelters (in the last 12 months) - require written confirmation			
People at risk of homelessness or transitioning out of homelessness supports (in the last 12 months)			
People dealing with mental health or addictions - require written confirmation from social services			
Youth exiting government care under age 22			
Veterans			
Visible minority and or racialized			
Recent immigrant or refugee in the last five years? If Yes, please provide documentation. Please indicate country of origin.			**Country of Origin**

Please provide information on your last three landlords:

Full Rental Address	**Date From (dd/mm/yy)**	**Date To (dd/mm/yy)**	**Landlord Name**	**Landlord Telephone**	**Reason for Leaving**	**Were you related to the Landlord?**
		current			Current residence	☐ No ☐ Yes
						☐ No ☐ Yes
						☐ No ☐ Yes

Cash on Hand	**$**	**Cash in Bank Accounts**	$	**Other Assets (detail type & amount):**	
RRSP's, Stocks, Bonds, Mutual Fund Other Investments	**$**	**Real Estate Holdings**	**$**	**Mortgage Owing**	**$**
Loans/credit cards and outstanding amounts:		**Do you lease your vehicle?**	**☐ No ☐ Yes**	**When does your vehicle leasing end?**	
Vehicles (make, model, year)		**Vehicle Financing Owing and end date of financing**			**$**
Are any members of the household currently employed full-time? Please attach paystubs.					**☐ Yes ☐ No**

NOTE: *Essential personal and household effects such as clothes, furniture, etc. are not included in assets.*

Do you have ownership in a business:	**☐ No ☐ Yes**
If Yes, list business name and address:	
Please explain your reasons for applying for affordable housing that will assist us in the assessment of your application (attach paper if required):	

Can all household members comply with the Marquis Foundation non-smoking policy?	**☐ No**	**☐ Yes**
Do you have a pet(s)?	**☐ No**	**☐ Yes**
My animal is a service or therapeutic animal. If yes, please provide documentation	**☐ No**	**☐ Yes**
I am willing to find a new home for my pet?	**☐ No**	**☐ Yes**

Is any member of your family physically challenged?	**☐ No ☐ Yes**	**Do you require a barrier free unit?**	**☐ No ☐ Yes**

Emergency and Other Contacts - may include relatives, next of kin, friends who are not living with you.					
Name		**Telephone & Email**		**Relationship**	
Name		**Telephone & Email**		**Relationship**	
Support Worker Name		**Telephone & Email**		**Agency Name:**	
Do you consent to the Marquis Foundation contacting your listed support worker on your behalf?				☐ **No** ☐ **Yes**	
CONSENT TO RECEIVE EMAILS AND NOTIFICATIONS: **Do you consent to communicating via email with the Marquis Foundation regarding your application and supporting documents? All correspondence via email and any personal information provided will be kept strictly confidential.**				☐ **No** ☐ **Yes**	

I/We		**, of the**		
Of		**In the Province of Alberta, to solemnly declare as follows:**		

1 That I/We am/are the applicant(s) named in the said application;

2 That I/We have resided in the Province of Alberta for _____ years of my/our life/lives and in the District for _____ Years;

3 I/We understand that this application does not constitute an agreement on the part of the Marquis Foundation, or its agents, to provide me with accommodation;

4 I/We further agree that I/We am/are obligated to advise the Marquis Foundation, or its agents, in writing, or any changes in family composition, gross family income, assets, employment or change of address, should they occur; and

5 The personal information collected through this application form is for the purpose of assessing your suitability for housing services with the Marquis Foundation. This collection is authorized under section 4(c) of the Protection of Privacy Act, as it relates directly to and is necessary for an operating program of the public body. For questions about the collection of personal information, contact cao@marquisfoundation.ca

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

Signature of Applicant	**Signature of Applicant**	**Signature of Applicant**

(All applicants over the age of 18 years must sign)

Declared before me at the			**of**		**In the Province of Alberta**
This		**Day of**		**Year, 20**	

My Appointment expires on (Day/Month/Year): **Printed Name of Commissioner for Oaths:** **Signature (A Commissioner of Oaths in the Province of Alberta):**	