

DESCRIPTION	1 st APPLICANT	2 nd APPLICANT
NAME:	Please Circle: Mr. Mrs. Ms. Miss (First Name) (Last Name)	Please Circle: Mr. Mrs. Ms. Miss (First Name) (Last Name)
ADDRESS:		
POSTAL CODE:		
PHONE:		
BIRTHDATE (m/d/y)		
AGE:		
CITIZENSHIP: <ul style="list-style-type: none"> • Canadian Citizen • Government sponsored • Landed Immigrant 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
LANGUAGE: <ul style="list-style-type: none"> • English • Other • Require interpreter 	<input type="checkbox"/> Spoken <input type="checkbox"/> Understood <input type="checkbox"/> Spoken <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Spoken <input type="checkbox"/> Understood <input type="checkbox"/> Spoken <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you lived in a GEF building before? If yes, where?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL INFORMATION:

DESCRIPTION	1 st APPLICANT	2 nd APPLICANT
Total income from Line 150 of last income tax return- Please indicate Tax Return Year _____	\$	\$
<i>Comprised of: (check applicable box)</i>		
Old Age Security (OAS)	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Income Supplement (GIS)	<input type="checkbox"/>	<input type="checkbox"/>
Alberta Seniors Benefit (ASB)	<input type="checkbox"/>	<input type="checkbox"/>
Assured Income for the Severely Handicapped (AISH)	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan (CPP)	<input type="checkbox"/>	<input type="checkbox"/>
Other Income (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

ASSETS:

House (s)	\$	\$
Investments (Do not include RRSP, RIF, Pension)	\$	\$
Vehicle (s)	\$	\$
Cash	\$	\$
Other	\$	\$

ALTERNATE CONTACT:

Name: _____ Res. Phone: _____
 Relationship: _____ Bus. Phone: _____

TYPE OF ACCOMMODATION WANTED:

APARTMENT <input type="checkbox"/> BACHELOR SUITE <input type="checkbox"/> ONE BEDROOM <input type="checkbox"/> TWO BEDROOM <input type="checkbox"/> WHEELCHAIR ACCESSIBLE SMOKING? <input type="checkbox"/> Yes <input type="checkbox"/> No	DUPLEX <input type="checkbox"/> SINGLE OCCUPANCY <input type="checkbox"/> DOUBLE OCCUPANCY <i>Note - Units are not wheelchair acces</i> SMOKING? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APARTMENT & DUPLEX ACCOMMODATION APPLICATION

LOCATION PREFERENCE:

1ST Choice _____ 2ND Choice _____

When are you interested in moving? _____

CURRENT ACCOMMODATION:

Home Owner: If yes (check type):	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Condo <input type="checkbox"/> <input type="checkbox"/> House/Duplex <input type="checkbox"/> Other _____
Renter: <input type="checkbox"/> YES <input type="checkbox"/> NO	
How long have you lived at your present address? Years: _____ Months: _____	
Is your accommodation shared? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, number of <input type="checkbox"/> Adults (# _____) <input type="checkbox"/> Bedrooms (# _____) <input type="checkbox"/> Children (# _____) <input type="checkbox"/> Bathrooms (# _____)
If you share accommodation, are these relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What are your present monthly payments? Rent \$ _____ Property Taxes \$ _____	
Heat \$ _____ Light \$ _____ Water \$ _____ Other _____	
Most Recent Landlord: _____	
Contact Name: _____ Phone Number: _____	
Property Management Company (if applicable): _____	
If you have been given a Notice to Vacate, please attach a copy of notice indicating the reason.	

Other related information you wish to provide:

Date

Applicant Signature

Date

Co Applicant Signature

Please return to:

The Site of your choice or forward to the:
Greater Edmonton Foundation
Central Office
14220 – 109 Avenue
Edmonton, Alberta (T5N 4B3)

Inquiries may be directed to the Central Office at 482-6561

Your personal information is being requested under authority of the Alberta Housing Act and its regulations. Information that you provide to us will be used to determine eligibility for subsidized housing. Your personal information will be protected in compliance with The Freedom of Information & Protection of Privacy (FOIP) Act and its regulations. If you have any questions about the collection and use of this information, please contact the Information & Privacy Officer at 447-9207 or the Site Manager.