The Evergreens Foundation

# Social Housing Application

*(Confidential)*

*Revised September 2025*

# Social Housing Application

This application CANNOT be processed unless ALL questions are fully answered.

**Complete ALL questions supplying ALL of the requested information. If a question does not apply to your situation, mark N/A in the section. Please provide us with the following:**

- If you or any member of your family is receiving Unemployment Insurance, Worker's Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit. (Social Assistance Verification Form – Page 8)
- A copy of your Income Tax Assessment showing Line 15000 for the immediate preceding taxation year for each member of your family age 22 years and older.
- Copies of all applicants' Personal Health Care Cards.

**Residency Requirement: Applicants must have lived within The Evergreens Foundation's boundaries for 6 months prior to application.**

If a translator was required to compete this application, provide their name and telephone number:

| Translator's Name | Telephone Number |
|---|---|
| | |

**For The Evergreens Foundation use only:**

| Last Name | First Name | Date Received |
|---|---|---|
| | | |

**Applications can be submitted to the following locations:**

| | | |
|---|---|---|
| Jessica Weber<br>Heritage Court<br>#109, 5238-5th Ave<br>Edson, AB T7E 1R6<br>Ph: 780-723-7117<br>Fax: 780-712-7457 | The Evergreens Foundation<br>Head Office<br>101 Athabasca Ave<br>Hinton, AB T7V 2A4<br>Ph: 780-865-5444<br>Fax: 780-865-4501 | Sandra Gallimore<br>Lion's Sunset Manor<br>110 West Jasper St.<br>Hinton, AB T7V 1X2<br>Ph: 780-865-4762<br>Fax: 780-865-4764 |
| Tracey Melnyk<br>P.O. Box 365<br>5220 49 St<br>Evansburg, AB T0E 0T0<br>Ph: 780-727-2613<br>Fax: 780-727-2029 | Rental Assistance Inquiries<br>Vivian Williams<br>Ph: 780-225-2664<br>Email: ahm@theegf.com | |

*The personal information collected through The Evergreens Foundation is for the purpose of subsidized housing or rental benefits. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact the FOIP Coordinator at The Evergreens Foundation at 780-865-5444, or mail to The Evergreens Foundation, 101 Athabasca Ave, Hinton AB, T7V 2A4.*

# Social Housing Application

| Applicant's Last Name | Applicant's First Name | | Date of Birth |
|---|---|---|---|
| Telephone | Email Address | | |
| Co-Applicant's Last Name | Co-Applicant's First Name | | Date of Birth |
| Telephone | Email Address | | |
| Street | City | Province | Postal Code |
| Marriage Status<br>☐ Single ☐ Married ☐ Common-law ☐ Separated ☐ Widowed | | | |

List all persons who will be living with you should your application be approved:

| First Name | Last Name | Relationship | Birthdate (DD/MM/YYYY) | Occupation/School Grade |
|---|---|---|---|---|
| | | | | |
| | | | | |
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| | |
|---|---|
| Is a baby expected? | ☐ Yes ☐ No |
| If YES, please provide the estimated due date: | |
| Are all members listed above Canadian Citizens or Permanent Residents? | ☐ Yes ☐ No |
| If NO, provide copies of immigration papers for members who are not Canadian Citizens or Permanent Residents. | |

# Social Housing Application

| | | |
|---|---|---|
| Do you own or rent your present accommodation? ☐ Own ☐ Rent | | |
| Rent/House Payment<br>$ | Do you currently pay utilities? ☐ Yes ☐ No | |
| Present Accommodation:<br>☐ House ☐ Townhouse ☐ Apartment ☐ Rooming House ☐ Hotel/Motel ☐ Other: | | |
| Rooms in Present Accommodation:<br>☐ Kitchen ☐ Living Room ☐ Dining Room | # of Bathrooms | # of Bedrooms |
| Do you share your accommodation with any person(s) other than listed above? ☐ Yes ☐ No | | |
| If YES, how many other persons? | # of Adults: | # of Children: |
| What part of the accommodation is shared? | | |
| If you do not pay rent, do you contribute financially? ☐ Yes ☐ No | | |
| If YES, please specify: | | |
| Do you require an accessible unit? ☐ Yes ☐ No | | |
| Does your current housing pose a Health and Safety risk? ☐ Yes ☐ No | | |
| If YES, please specify: | | |

# Social Housing Application

***Important!*** *Please enclose a copy of your current year income tax* ***Notice of Assessment*** *showing Line 15000.*

| | Total for Household | Total for Household |
|---|---|---|
| Income shown on Line 15000 from your current year Canada Revenue Agency (CRA) Notice of Assessment (NoA), for each household member 22 years of age or older.<br><br>*Not including: live in aids or dependents up to 24 years old who attend a recognized school or education institution full time.* | $<br>$<br>$<br>$ | $ |
| Current Rent $ | Do you pay for utilities in addition to rent? ☐ Yes ☐ No | |
| Total number of household members # of Adults: | # of Dependants *(children up to 22 years of age)*: | |

Please check off any of the following population groups that apply to members of your household

| | |
|---|---|
| Indigenous peoples | ☐ |
| People with disabilities | ☐ |
| Individual fleeing violence or leaving second stage shelter* | ☐ |
| At risk of or transitioning out of homelessness* | ☐ |
| People dealing with mental health or recovering from addiction* | ☐ |
| Youth exiting government care | ☐ |
| Veteran | ☐ |
| Recent Immigrant or Refugee (in Canada less than 5 years) | ☐ |
| Racialized group | ☐ |
| Identify with diverse concepts of gender identity and expression or sexual orientation | ☐ |
| Any additional information that has changed since you applied? (ex. currently staying at a friend's, current housing is unsafe) | |

**Please contact the Client Services Manager at The Evergreens Foundation if you check this category. Supporting documentation may be required.*

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| | |
|---|---|
| May we contact your present/previous employers for reference? | ☐ Yes ☐ No |

**Current Sources of Income (ie. paystubs)** (write N/A if not applicable)

| Source of Income | Name of Family Member | Date (From – To) | Gross Monthly Income |
|---|---|---|---|
| Student Grants/Allowance | | | |
| Unemployment Insurance | | | |
| Worker's Compensation | | | |
| Social Assistance/ Income Support | | | |
| Other Income (tips, interest, etc.) | | | |
| Department of Veteran Affairs | | | |
| Old Age Security | | | |
| Canada Pension | | | |
| Guaranteed Income Supplement | | | |
| Alberta Seniors Benefits | | | |
| Income from Self Employment | | | |
| Assured Income for the Severely Handicapped (AISH) | | | |

**Please describe your current situation, including any health and safety concerns.** (Provide as much detail and information as possible, as it will assists us with assessing your application)

*Note: If you have been given a "NOTICE TO VACATE" please submit a copy of the notice stating the reason for eviction.*

# Social Assistance Verification Form

I, _____, authorise Alberta Supports to provide the following information to The Evergreens Foundation.

_____

Signature

**For use by the Applicant's Support Worker** *(Please ensure all questions are answered completely)*

| | | |
|---|---|---|
| Type of Assistance (check one): | ☐ Assured Income for the Severely Handicapped | ☐ Income Supports |
| Is this individual on short-term or long-term assistance? (please explain) | | |
| ☐ Short-term: | | |
| ☐ Long-term: | | |
| Family Composition: | # of Adults: | # of Dependants: |

Rental payments are developed in co-operation with Alberta Supports. Please provide the following:

| | | |
|---|---|---|
| Total Income Support Amount: $ | Total Core Shelter Amount: $ | |
| Will this rent amount have the effect of cancelling Social Assistance? | ☐ Yes | ☐ No |
| Amount of Assistance Presently Being Paid: $ | Third Party Landlord? ☐ Yes | ☐ No |
| Please provide any additional information that would be helpful in determining if this client requires improved or special housing: | | |

_____ _____ _____

Signature Date Phone Number

**Please send the completed form to:**
Vivian Williams (Affordable Housing Manager) Ph: 780-225-2664 Fax: 780-712-7457 Email: ahm@theegf.com

## Applicants Acknowledgement

I understand that this is an application for accommodation and not an agreement on the part of The Evergreens Foundation to provide me with rental accommodation.

I further acknowledge the right of The Evergreens Foundation, 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 The Evergreens Foundation to investigate all the statements made in this application, being aware that discovery of any false statement may cancel any further consideration of this application.

I further agree that I am obligated to advise The Evergreens Foundation, in writing, of any changes in family composition, gross family composition, gross family income, assets, employment or change of address should occur.

I understand that this information is being collected under the authority of the Freedom of Information and Protection of Privacy ACT (32-C) as is required for the purpose of administering a housing program. Any questions or concerns regarding the use and/or handling of my personal information should be directed to the FOIP Coordinator at The Evergreens Foundation.

That I/we have resided in the Province of Alberta _____ years of my/our life/lives and in The Evergreens Foundation boundaries (Hinton, Edson, Jasper, MD of Greenview No. 16 (Grande Cache), Yellowhead County, Parkland County West of the Seba Beach turnoff) for _____ years.

_____

Applicant Signature

_____ _____

Applicant Printed Name Date

# Bank Account Information

For Pre-Authorization

Property Code (Office Use Only)

## Please return the completed form in person, by fax, mail or e-mail to:

**Head Office**
101 Athabasca Ave
Hinton, AB T7V 2A4

Fax: 780-865-5401

**Rental Assistance Benefit**
ahm@theegf.com

**Social Housing**
financeadmin@theegf.com

**Lodges**
finance@theegf.com

## Account Holder Information (Please Print and Complete in *Full*)

First Name | Middle Name (If Applicable) | Last Name

Address / Postal Code | Phone Number

Town / Province | **Social Insurance Number**

## Account Information (Canadian Financial Institutions Only)

*Please complete in full and attach copy of void cheque here.*

FOR THE PURPOSE OF: ☐ DIRECT DEPOSIT (RAB) ☐ DIRECT DEBIT (RENT WITHDRAWAL)

Transit No. | Institution No. | Account No.

Financial Institution Name | Phone Number

By signing below, I agree to the collection of my personal information by The Evergreens Foundation under the authority of **Division 1, Section 4 of the Protection of Privacy Act (POPA)** and/or in accordance with any applicable agreements in place.

**Direct Debit:** I, the payee, authorize The Evergreens Foundation to debit the account identified above for the amount set on my current rent services agreement, on the 1st of every month or the next business day. I understand I may revoke my permission at any time, in writing, subject to 30 days notice.

**Direct Deposit:** I, the undersigned, agree to the collection of my personal information by The Evergreens Foundation to issue direct deposit payments into my bank account.

Date Signed | Name of Joint Account Holder (If Applicable)

Signature of Account Holder | Signature of Joint Account Holder