



Application

North Peace Housing Foundation
6780 103 Avenue, Peace River, AB T8S 0B6
Ph: 780.624.2055 Fax: 780.624.2065

NORTH PEACE HOUSING FOUNDATION APPLICATION

ONCE YOUR APPLICATION IS SUBMITTED THE HOUSING MANAGER WILL MEET WITH YOU TO DETERMINE WHICH PROGRAMS YOU ARE ELIGIBLE FOR

WE DO NOT OFFER EMERGENCY HOUSING OR FUNDING.

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS IT IS COMPLETE AND ALL DOCUMENTS ARE RECEIVED

GUIDELINES

1. Any adult that will be residing in the unit must sign the application and provide income verification;
2. It is the applicant's responsibility to update any information on the application;
3. If an applicant refuses the unit offered to them, they will be placed on the inactive waiting list. This list will only be referred to if there are no applicants on the active waiting list;
4. North Peace Housing Foundation has a strict no pet policy;
5. Once the application is submitted and completed in full you will be contacted by the Housing Manager for an interview— please ensure that you are on time for your interview. Support workers and older children (unless a co-applicant) will not be allowed to enter the interview room;
6. We require a minimum of three references; references can include previous or current landlords, supervisors from past or current employment, or volunteer positions. Support workers are not eligible references. Please have your reference(s) name and contact information available at the time of the interview;
7. Make sure that you contact your references in advance and ask for permission;
8. You must be residing in the area that you are applying for a minimum of six months, some expectations may apply.

FINAL APPROVAL OF YOUR APPLICATION IS SUBJECT TO OBTAINING ACCEPTABLE REFERENCES AND SECURITY CHECK. TO ENSURE CONTINUING ELIGIBILITY, AN UPDATED VERIFICATION OF INCOME IS REQUIRED AT THE TIME A SUBSIDY OR HOUSING UNIT IS OFFERED.

Once your application is completed and you have gathered all of the necessary documents, you may bring your application to the location that you are applying for. Ask for the Housing Manager and they will witness your application along with the *Consent to Disclose Information* and the *Contract Agreement*.

***Faxed applications will not be accepted.**

Homesteader Lodge

908-2 Avenue
Hines Creek, AB
(780) 494-3500
For Housing in:
Hines Creek

Harvest Lodge

10400 108 St.
Fairview, AB
(780) 835-2862
For Housing in:
Fairview and Bluesky

Central Office

6780 103 Avenue
Peace River, AB
(780) 624-2055
For Housing in:
Peace River, Grimshaw,
Nampa, St. Isidore and
Cadotte Lake

Del-Air Lodge

202 1st Avenue SW
Manning, AB
(780) 836-3325
For Housing in:
Manning



Document Checklist

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DOCUMENT CHECKLIST

THE FOLLOWING CHECKLIST IS A GUIDELINE FOR THE NECESSARY DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION

IDENTIFICATION	
	Adults – Two pieces of ID (one must be government issued Photo Identification)
	Expectant Mother – A doctor’s note confirming your pregnancy and expected date of delivery
	Canada Child Credit: Statement from your online Canada Revenue Agency Account with your eligible dependants and their birthdates listed.
INCOME VERIFICATION	
	Tax Return Summary : A complete Tax Return Summary (not your notice of assessment) from your taxes filed in the previous year
If you are...	You should submit....
Working	Current Pay Stubs OR a Letter from your Employer
Receiving Employment Insurance (EI)	A screen print of “my current claim” from your online Service Canada account
Receiving Income Support	Your consultant can provide a copy of your “green sheet”
Receiving AISH	A copy of your health benefits card with the attached budget information.
AB Works (Learner) Benefits	Notice of Assessment for your Student Funding
Self-Employed	We will use your tax return to calculate basic rent, but may request supporting documentation
Receiving Alimony/Child Support	Copy of a court order or screen print of maintenance enforcement payment history
A Student	A copy of your funding letter or agreement
OTHER DOCUMENTS	
	If attending school- your acceptance letter with start date.

**Additional documents may be requested by the Housing Manager.*



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APPLICATION

APPLICANT

Person whose date of birth comes first during the year

Last Name	First Name	Other Names AKA
Birthdate	<input type="checkbox"/> Yes <input type="checkbox"/> No Canadian Citizenship	

CO - APPLICANT

Last Name	First Name	Other Names AKA
Birthdate	<input type="checkbox"/> Yes <input type="checkbox"/> No Canadian Citizenship	
How are you related to the applicant? <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Grandparent <input type="checkbox"/> Child/Grandchild <input type="checkbox"/> Other		

CONTACT INFORMATION

Mailing Address				
PO Box	Street Address	City/Town	Province	Postal Code
Primary Phone Number				
Secondary Phone Number				
Primary Email				
Secondary Email				

LIVING ARRANGEMENTS

What are your current living arrangements? (Renting, Own, Staying with Family, etc.,)
How long have you lived at your current residence?
If you have lived there for less than a year, where did you live to before?



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FAMILY SIZE

Are you expecting the number of people in your household to change?

Yes No If yes, explain:

HOUSEHOLD MEMBERS

Last Name	First Name	Other Names AKA	
Relationship to the applicant <input type="checkbox"/> Child/Grandchild <input type="checkbox"/> Other	Birthdate	<input type="checkbox"/> M <input type="checkbox"/> F Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No Canadian Citizenship

Last Name	First Name	Other Names AKA	
Relationship to Applicant <input type="checkbox"/> Child/Grandchild <input type="checkbox"/> Other	Birthdate	<input type="checkbox"/> M <input type="checkbox"/> F Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No Canadian Citizenship

Last Name	First Name	Other Names AKA	
Relationship to Applicant <input type="checkbox"/> Child/Grandchild <input type="checkbox"/> Other	Birthdate	<input type="checkbox"/> M <input type="checkbox"/> F Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No Canadian Citizenship

Last Name	First Name	Other Names AKA	
Relationship to Applicant <input type="checkbox"/> Child/Grandchild <input type="checkbox"/> Other	Birthdate	<input type="checkbox"/> M <input type="checkbox"/> F Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No Canadian Citizenship

EMERGENCY CONTACT

Someone not living with you

Last Name	First Name	Other Names AKA	
City/Town	Province	Postal Code	
Phone Number			