

## What program should I apply for?

I am a senior and require affordable housing for my limited income

Seniors' Housing - Apartments

Near Market Housing

- Seniors' Housing - Apartments
- For Adults over 65+
  - Spitzee House in High River offers studio suites for 60 to 64 yr old adults.
  - Rent is based on income at 30% of gross
  - Rent includes water/sewer and heat. Electricity is paid with rent at a flat rate.
  - High River, Okotoks, Turner Valley and Black Diamond

I am a single parent with children on Income Supports

Family Housing

Rent Subsidy

- Family Housing
- For families with school age children.
  - Rent is based on income at 30% of gross or Income Supports rate.
  - Mainly located in Okotoks, all three bedroom, single family homes or four-plex units.
  - Rent includes water/ sewer and heat.

I am a single parent, but find that I am unable to make ends meet

Family Housing

Near Market Housing

- Rent Subsidy
- Funding paid to tenant to offset the cost of rent in the private market.
  - Amount of funding depends on community, family composition and utility responsibility.
  - Tenant must have ability to pay balance of rent. Income Supports generally not considered for additional funding.
  - Tenant **must** accept a Family Housing unit in their community when available.

We are a family with children, currently we have housing, but are willing to move

Rent Subsidy

Family Housing

- Near Market Housing
- Located in Okotoks, Black Diamond, Turner Valley and High River.
  - Rent is a set rate that is lower than regular rent for the community.
  - Utilities are extra cost to the tenant.
  - Can also receive Rent Subsidy for this housing
  - **Applicants must complete a Near Market Application for Housing. \*This is a different program application.**

We are in need of affordable accommodation

Near Market Housing

Rent Subsidy

## **Frequently Asked Questions regarding Housing:**

### **Q: I have applied for housing, what is the next step?**

A: Once your application has been received along with all the supporting documents, you will receive a letter letting you know the status of your application. In order for your file to remain active, you must contact Westwinds once per year. Unless your information has changed, there is no reason to contact more frequently.

### **Q: What if there is a change in my situation?**

A: You are required to advise the Program Manager of any changes in your contact information, change of address, changes in income, the amount of rent you are paying or any changes in your family size.

### **Q: What are your office hours and where are you located and can you commission my form?**

A: Regular office hours are Monday thru Friday 7:45 am to 4:00 pm. Application forms are required to be signed before a commissioner for oaths, this step can be completed at any of the Westwinds Communities locations. (Locations listed below).

### **Q: How long will I have to wait for housing and when will you call me?**

A: Unfortunately there is no way to predict when housing will become available. The wait list changes regularly and housing is offered to the applicant with the highest need for the housing that is available. Please keep your contact information up-to-date.

**Westwinds Communities does not offer emergency housing, emergency funding or assistance with damage deposits.**

Forms can be commissioned free of charge at the following locations:

Corporate Office  
833-9 Street SW  
High River, AB  
T1V 1C3  
403-652-8600  
403-652-8608 (F)

High Country Lodge  
707 Government  
Road  
Black Diamond, AB  
T0L 0H0  
403-933-4028  
403-933-2420 (F)

Sandstone Lodge  
101 Centre Court  
Okotoks, AB  
T1S 1Y4  
403-938-6404  
403-938-6413 (F)

Coal Trail Residences  
309-11 Ave NW  
High River, AB,  
T1V 0H8  
403-652-2475  
403-652-8608 (F)

*\*Please retain this page for future reference*

833-9<sup>th</sup> Street SW  
 High River, AB, T1V 1C3  
 403-652-8600, 403-652-8608(F)  
[www.westwindscommunities.ca](http://www.westwindscommunities.ca)  
 Email: [cadmin@westwindscommunities.ca](mailto:cadmin@westwindscommunities.ca)

**APPLICATION FORM:**

Please check all programs that you wish to apply for:

- Seniors Housing – Apartments**
- Family Housing**
- Rent Subsidy**

**INSTRUCTIONS FOR COMPLETING APPLICATION:**

- Complete ALL questions, supplying ALL of 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. This is a service provided without charge at Westwinds Communities Sites in High River, Black Diamond, and Okotoks.
- 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 Housing	Rent Subsidy
<input type="checkbox"/> Current Income Tax Notice of Assessment Line 150 <input type="checkbox"/> WCB Income <input type="checkbox"/> Pension Income – CPP, OAS, GIS, ASB <input type="checkbox"/> Alberta Health Care card <input type="checkbox"/> Investment income – attach statement showing the value and interest earned <input type="checkbox"/> Property – mortgage agreement. If property is being sold verify proceeds to be received. If property is foreclosed, submit supporting letter from bank or lawyer. <input type="checkbox"/> Vehicle – Attach a copy of loan or lease agreement	<input type="checkbox"/> Current Income Tax Notice of Assessment <input type="checkbox"/> Employment Income, pay stubs for past 3 months <input type="checkbox"/> Social Assistance Care including budget portion <input type="checkbox"/> Employment Insurance or WCB Income <input type="checkbox"/> All other Sources of income – child tax, student loan, AISH, Self-Employment, CPP, child support, spousal support <input type="checkbox"/> Current three months of bank statements <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Notice to Vacate / Eviction <input type="checkbox"/> Alberta Health Care cards for all family members <input type="checkbox"/> Proof of medical condition – doctors note confirming illness and/or pregnancy estimated due date <input type="checkbox"/> Vehicle Attach a copy of loan or lease agreement	<input type="checkbox"/> Current Income Tax Notice of Assessment <input type="checkbox"/> Employment Income, pay stubs for past 3 months <input type="checkbox"/> Employment Insurance or WCB Income <input type="checkbox"/> All other Sources of income – child tax, student loan, AISH, Self-Employment, child support, spousal support <input type="checkbox"/> Current three months of bank statements <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Notice to Vacate / Eviction <input type="checkbox"/> Alberta Health Care cards for all family members <input type="checkbox"/> Proof of medical condition – doctors note confirming illness and/or pregnancy estimated due date <input type="checkbox"/> Vehicle Attach a copy of loan or lease agreement

	Full Name	Social Insurance #	D.O.B (M/D/Y)
Applicant:			
Co-Applicant's:			
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> 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 M/D/Y	Occupation or School Grade

Street Address:			Postal Code
	(Municipal Address-Unit Number, Street, Avenue)		
Mailing Address:			Postal Code
	(Mailing Address, if different from above)		
Home Telephone:		Cellular Telephone:	
Business Telephone:		Email Address:	

Do all the people listed above currently live in the household full-time?		<input type="checkbox"/> No	<input type="checkbox"/> 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
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Are all members listed above Canadian Citizens?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If no, provide copies of immigration papers for members who are not Canadian Citizens.			
Is a baby expected?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, give estimated due date:	
Have you previously been a tenant of Westwinds Communities or have received a rental subsidy? If yes, provide details (i.e.: name on lease, date of lease, property address, reason for leaving)			<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you currently have money owing to Westwinds Communities?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you or any of your family members smoke?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a pet(s)?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

Housing Preferred Location(s): <input type="checkbox"/> Okotoks <input type="checkbox"/> Turner Valley <input type="checkbox"/> Black Diamond <input type="checkbox"/> High River <input type="checkbox"/> Other: _____						
Do you own or rent your present accommodation?		<input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> Rent to Own <input type="checkbox"/> Homeless		
Present Monthly Rent or House Payment:		\$ _____		<input type="checkbox"/> Includes utilities <input type="checkbox"/> Does not include utilities		
Monthly Utility Payments:	Heat – Amount: \$ _____	Electricity - Amount: \$ _____	water and sewer - Amount: \$ _____			
Specify your present accommodation:	<input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment	<input type="checkbox"/> Room & Board <input type="checkbox"/> Hotel or Motel	<input type="checkbox"/> Other: _____			
Identify the Rooms in your present accommodation:	<input type="checkbox"/> Kitchen <input type="checkbox"/> Dining Room <input type="checkbox"/> Living Room		Number of <input type="checkbox"/> Other 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:		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how many other people:		What part of the accommodation is shared:	
			<input type="checkbox"/> Number of Adults: _____			
			<input type="checkbox"/> Number of Children: _____			
If you do not pay rent, do you contribute financially?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify: _____			
Have you received a legal notice to end tenancy?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what date do you have to move by? _____			
Is any member of your family physically challenged?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you require a barrier free unit?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Please provide information on your last three landlords:						
Full Rental Address		Date From (M/D/Y)	Date To (M/D/Y)	Landlord Name	Landlord Telephone	Reason for Leaving
Cash on Hand	\$ _____	Cash in Bank Accounts	\$ _____	Other Assets (detail type & amount): _____		
RRSP's, Stocks, Bonds, Mutual Funds, Other Investments		\$ _____	Real Estate Holdings	\$ _____	Mortgage Owing	\$ _____
Vehicles (make, model, year)				Vehicle Financing Owing	\$ _____	

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

Please explain your reasons for applying for housing/rent subsidy that will assist us in the assessment of your application (*attach paper if required*):

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Emergency and Other Contacts – may include relatives, next of kin, friends who are not living with you.

Name	Telephone	Relationship	
Name	Telephone	Relationship	

I / We		, of the	
Of		In the Province of Alberta, to solemnly declare as follows:	
<ol style="list-style-type: none"> <li>1. That I/We am/are the applicant(s) named in the said application;</li> <li>2. The I/We have resided in the Province of Alberta for <input style="width: 50px;" type="text"/> years of my/our life / lives and in the District for <input style="width: 50px;" type="text"/> Years;</li> <li>3. I/We understand that this application does not constitute an agreement on the part of Westwinds Communities, or its agents, to provide me with accommodation or a rental subsidy;</li> <li>4. I/We further agree that I/We am/are obligated to advise Westwinds Communities, or its agents, in writing, or any changes in family composition, gross family income, assets, employment or change of address, should they occur; and</li> <li>5. Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give Westwinds Communities (formerly Foothills Foundation) my/our consent to make inquiries that are necessary to verify the information given in this application including conducting a credit check, and I/we authorize any person, corporation or social agency to release to Westwinds Communities any information pertinent to the assessment of my/our application being fully aware that discovery of any false statements shall cancel any further consideration of my/our application.</li> </ol>			
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".			

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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 (Month/Day/Year):	
Printed Name of Commissioner for Oaths:	
Signature (A Commissioner of Oaths in the Province of Alberta):	