

## What program should I apply for?

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

Seniors' Housing - Apartments

Near Market Housing and Individual 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

Family Housing

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

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

Rent Assistance Benefit

Family Housing

Rent Assistance Benefit (RAB)

- Funding paid to tenant to offset the cost of rent in the private market.
- Amount of funding depends on community, family composition, utility responsibility and budget availability.
- Tenant must have ability to pay balance of rent.

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

Rent Assistance Benefit

Family Housing

Near Market Housing and Individual 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 and Individual

Rent Assistance Benefit

## **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. 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 General 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

Sandstone Lodge  
101 Centre Court  
Okotoks, AB  
T1S 1Y4  
403-938-6404

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

---

Email: [admin@westwindscommunities.ca](mailto:admin@westwindscommunities.ca)

*\*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: [admin@westwindscommunities.ca](mailto:admin@westwindscommunities.ca)

**APPLICATION FORM:**

Please check all programs that you wish to apply for:

- Seniors Housing – Apartments
- Family and Individual Housing
- Rental Assistance Benefit

**INSTRUCTIONS FOR COMPLETING 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. 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 housing you are seeking:**

For Seniors Housing – Apartments include with the application:	For Family, Individual Housing or Rental Assistance Benefit (RAB) include with the application:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Current Income Tax Notice of Assessment Line 150</li> <li><input type="checkbox"/> WCB Income</li> <li><input type="checkbox"/> Pension Income – CPP, OAS, GIS, ASB</li> <li><input type="checkbox"/> Alberta Health Care card</li> <li><input type="checkbox"/> Investment income – attach statement showing the value and interest earned</li> <li><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.</li> <li><input type="checkbox"/> Vehicle – Attach a copy of loan or lease agreement</li> <li><input type="checkbox"/> Emergency/Family Violence: Attach a letter from an Agency, shelter or advocate stating why this is an emergency situation.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Current Income Tax Notice of Assessment</li> <li><input type="checkbox"/> Employment Income for each household member over the age of 15, - pay stubs for past 3 months</li> <li><input type="checkbox"/> ROE if issued in the past 4 weeks.</li> <li><input type="checkbox"/> Adult Health Benefit – copy of approval letter for the current year and medical services card</li> <li><input type="checkbox"/> Employment Insurance or WCB Income</li> <li><input type="checkbox"/> All other Sources of income – child tax, student loan &amp; grants, AISH, Self-Employment, CPP, child support, spousal support, investment income</li> <li><input type="checkbox"/> Current three months of bank statements</li> <li><input type="checkbox"/> Lease Agreement</li> <li><input type="checkbox"/> Notice to Vacate / Eviction notice</li> <li><input type="checkbox"/> Alberta Health Care cards for all family members</li> <li><input type="checkbox"/> Proof of medical condition – doctors note confirming illness and/or pregnancy estimated due date</li> <li><input type="checkbox"/> Vehicle Attach a copy of loan or lease agreement</li> <li><input type="checkbox"/> Emergency/Family Violence: Attach a letter from an Agency, shelter or advocate stating why this is an emergency situation.</li> </ul>



Housing Preferred Location(s):  
 Okotoks     Turner Valley     Black Diamond     High River     Other:

	Full Name	Preferred Pronoun	Social Insurance #	D.O.B (M/D/Y)
Applicant:				
Co-Applicant's:				
Marital Status:	<input type="radio"/> Married <input type="radio"/> Single		<input type="radio"/> Separated	
	<input type="radio"/> Widowed <input type="radio"/> Divorced		<input type="radio"/> Common-Law	
If Common-Law or separated, state how long:				

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

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

First Name	Last Name	Relationship to Applicant	Birth Date MM /DD/YR	Occupation or School Grade

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
		<input type="radio"/> No	<input type="radio"/> Yes	
		<input type="radio"/> No	<input type="radio"/> Yes	
		<input type="radio"/> No	<input type="radio"/> Yes	

Do you share your current accommodation with person(s) that will not be moving with you?	<input type="radio"/> No <input type="radio"/> Yes	If yes, how many other people: _____ Number of Adults: _____ Number of Children: _____	What part of the accommodation is shared:
Are all members listed above Canadian Citizens? <input type="radio"/> No <input type="radio"/> Yes If no, provide copies of immigration papers for members who are not Canadian Citizens.			

Do you expect the number of people in your family to change in the next 12 months?  Yes  No  
 If yes please explain:

---

Have you previously been a tenant of Westwinds Communities or have you received a rental subsidy? If yes, provide dates and previous address: (i.e.: name on lease, date of lease, property address, amount of subsidy, reason for leaving)

---

Do you currently have money owing to Westwinds Communities?  No  Yes

In your current accommodations do you:	<input type="radio"/> Own	<input type="radio"/> Rent to Own	<input type="radio"/> Other
	<input type="radio"/> Rent	<input type="radio"/> Homeless	<input type="radio"/> Staying for Friends
Present Monthly Rent or House Payment:	\$	<input type="radio"/> Includes utilities <input type="radio"/> Does not include utilities	
Monthly Utility Payments:	Heat – Amount: \$	Electricity Amount: \$	Water and sewer - Amount: \$
Specify your present accommodation:	<input type="radio"/> House <input type="radio"/> Townhouse <input type="radio"/> Apartment	<input type="radio"/> Room & Board <input type="radio"/> Hotel or Motel	Other: <input type="text"/>
Identify the Rooms in your present accommodation:	<input type="radio"/> Kitchen <input type="radio"/> Dining Room <input type="radio"/> Living Room <input type="radio"/> Other	Number of Bathrooms: <input type="text"/>	
		Number of Bedrooms: <input type="text"/>	
If you do not pay rent, do you contribute financially?	<input type="radio"/> No <input type="radio"/> Yes	If yes, specify: <input type="text"/>	
Have you received a legal notice to end tenancy?	<input type="radio"/> No <input type="radio"/> Yes	If yes, what date do you have to move by? <input type="text"/>	<input type="text"/>
Is any member of your family physically challenged?	<input type="radio"/> No <input type="radio"/> Yes	Do you require a barrier free unit?	<input type="radio"/> No <input type="radio"/> Yes

Please provide information on your last three landlords, starting with your current landlord:						
Full Rental Address	Date From MM/DD/YR	Date To MM/DD/YR	Landlord Name	Landlord Telephone	Reason for Leaving	Were you related to the Landlord?
					Current Residence	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No

Cash on Hand	\$	Cash in Bank Account	\$	Other Assets (detail type & amount):	
RRSP's, Stocks, Bonds, Mutual Funds, Other Investments	\$	Real Estate Holdings	\$	Mortgage Owing	\$
Loans/credit cards and outstanding amounts:		Do you lease your vehicle?	<input type="radio"/> No <input type="radio"/> Yes	When does your vehicle leasing end?	
Vehicles (make, model, year)			Vehicle Financing Owing and end date of financing	\$	

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

**Emergency and Other Contracts – 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:	

**The following questions are only if you are applying for housing with Westwinds Communities:**

Can all household members comply with Westwinds non-smoking policy?	<input type="radio"/> No	<input type="radio"/> Yes
Do you have a pet(s)?	<input type="radio"/> No	<input type="radio"/> Yes
My animal is a service animal. If yes, please provide documentation	<input type="radio"/> No	<input type="radio"/> Yes
I am willing to find a new home for my pet:	<input type="radio"/> No	<input type="radio"/> Yes

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 <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".			
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	
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):			