



McMan

Affordable Living Application

Instructions

- Please answer all questions and sign application – failure to do so will result in application being returned.
- The application form must be filled out completely and all information provided will be verified. It is helpful to ensure the contact names and phone numbers of rental references and employment are correct and expecting a call from McMan.
- McMan will NOT accept any application without the documents listed below.
- Applications can be completed online through our website www.mcmancalgary.ca or emailed to hopeheights@mcmancalgary.ca

Application Checklist

Note: Please include the following with your application based on your current form of income. If you are missing documents, please explain your plan to obtain them when sending your application in.

Income

- Working income** - Must show 3 months' pay stubs with the last month's gross earnings, or provide a letter on company letterhead from employer stating the number of average hours worked per week and hourly monthly income
- Employment Insurance** – One current pay receipt / cheque (stubs) or the confirmation of gross weekly amount (My Current Claim)
- Worker's Compensation** – One complete month of gross pay receipts/cheque (stubs).
- Social Assistance (Ab Works)** – A copy of the 3-part medical services card with names, address and budget amount.
- AISH** – A copy of the 3-part AISH medical services card with names, address and budget amount.

If the following are direct deposited into your bank account, please provide appropriate statement showing deposit. If not direct deposited, attach the official government payment schedule for each.

- Old Age Securities
- GST
- Alberta Family Tax Credit
- Canada Pension
- Alberta Seniors Benefit
- Child Tax Benefit

Other Documents Needed

- Most recent Notice of Assessment
- Copies of ID (Alberta ID and Health Care Card)
- Signed Consent to Release Information
- Application Form is completed fully, and consents are signed

**This personal information is being collected under the authority of the Alberta Housing Act and Alberta Regulation 244/94 (Social Housing Accommodation Regulation) and will be used to evaluate the need and eligibility for Affordable Housing. It is Protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act **

Evaluation Process

- Applicants that are being considered will be required to complete an interview with Hope Heights Building Supervisor and Manager to review your application and answer questions which will assess your suitability for Hope Heights.
- For applicants over the age of 65, once you complete your interview, you may be asked to complete a Functional Assessment. This is due to determining suitability for an independent living arrangement and level of risk, as this building is not staffed.

Security Deposit and Rent

- A security deposit of \$970 in the form of a Certified Cheque is required when the lease is being signed or keys will not be released.
- First month's rent must be paid on or before move-in day in order to receive keys to your unit.
- Applicant with agency rent subsidy must submit a letter with the application outlining amount of subsidy and length of subsidy program.
- PAD agreements and/or 3rd party agreements are required for rent payments unless approved by Building Manager.



Hope Heights Application

APPLICANT-Identifying Information					
First Name:			Last Name:		
Current address:				City:	
Province:			Postal Code:		
Date of Birth:			Gender:		
Phone Number:			Email:		
Ethnicity:			Citizenship Status:		
Primary/Preferred Language:			Marital Status:		
Do you own a vehicle and require parking?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Alternative Contact-Family/Social Worker					
Is Applicant receiving Case Management/ Support Services?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, Agency Name:					
Name:					
Phone #:			Email:		
Co-Applicant Information					
First Name:			Last Name:		
Current Address:					
City:			Province:		
Date of Birth:			Gender:		
Email Address:					
Housing History					
Last Known Permanent Address:					
Next to Kin Name:				Relationship to Applicant:	
Next to Kin Address:					

Primary Phone:				Alternate Contact:	
Your reason for wanting/needing to move?					
Have you received an eviction notice?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, the reason for eviction:					
Current Address:					
Current Landlord Name:				Phone Number:	
How long at this address:				Rent:	
Previous Address:					
Previous Landlord Name:				Phone Number:	
How long at this address:				Rent:	
Are you ready to move?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
When?		<input type="checkbox"/> Immediately		<input type="checkbox"/> Within 60 days	
				<input type="checkbox"/> Greater than 60 days	
Current Employment Information:					
Company Name:				Occupation:	
Company Address:					
Supervisor Name:				Phone Number:	
How Long:				Income: \$ /Month	
Income: List and provide copies of all the income received for each member of the household					
Annual Income:					
Name of Employer or Source of Income			Monthly Amount (before taxes)		
Canada Pension Plan (CPP)					
Old Age Security					

Guaranteed Income Supplement			
Alberta Seniors Benefits			
AISH			
Social Assistance			
Canada Pension Plan Disability			
Employment income			
Other: (RRSP, Pensions, etc.)			
Agency Subsidy (if applicable)			
Total Monthly Income (including employment):			
Do you have any debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List of Debts:

Physical			
Family Doctor:		Telephone:	
Do you have any physical health diagnoses that you're willing to disclose		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?			
Do you have an addiction that you're willing to disclose (Cigarette, ethanol, substances, etc.)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what?	
In the apartment, do you require any modifications (i.e. Shower bars)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?			
Do you require any other support services (homecare, meals on wheels, social work, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Will?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location of Will:			
Name of Executor:		Telephone #:	
Address of Executor:			

Do you have a personal directive?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?			
Mental			
Do you have any mental health diagnoses that you're willing to disclose?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?			
Social			
List of Professional and Natural Supports involved			
What type of supports do you think you'll need to be successful in Hope Heights? (check off below)			
<input type="checkbox"/> Community referrals/services	<input type="checkbox"/> Cooking Skills	<input type="checkbox"/> House Keeping	<input type="checkbox"/> Volunteerism
<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Cultural/Spiritual Activities	<input type="checkbox"/> Budgeting/Financial	<input type="checkbox"/> Family Connection
<input type="checkbox"/> Mental Wellness	<input type="checkbox"/> Future Planning	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Please provide us with why you feel Hope Heights would be suitable for your housing needs.			

Please Provide Two Character or Professional References

Name:		Phone Number:	
Relationship to Applicant:			
Email:			
Name:		Phone Number:	
Email:			
Relationship to Applicant:			

Consent to Release Information

In accordance with section 38 (1) of the Freedom of Information and Protection of Privacy Act, I give McMan Youth, Family, and Community Services Association staff permission to disclose and receive pertinent personal information from/to my support workers at the agencies or other people I have identified in this application. I understand that McMan Youth, Family, and Community Services Association staff will be contacting the references listed regarding information about myself that will assist me in obtaining independent living in Hope Heights.

I, _____ of the City of Calgary in the Province of Alberta Authorize and Consent to
(Print Name)

the release and sharing of confidential information related to the application to Hope Heights. This consent is to be effective throughout my residency. I have read, understood, and agree with the above consent.

Date: _____

Signature of Applicant: _____

Statutory Declaration

I, _____ of the City of Calgary in the Province of Alberta, so solemnly
(Print Name)

declare as follows:

1. That I am the applicant.
2. That the statements made by me in the said declaration(s) are, to the best of my knowledge, information and belief, full and true in all respects: And I 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.

Declared before me

In the Province of Alberta at the City of Calgary
This day of _____, 20_____.

Signature of Applicant: _____

Collection of Personal Information

McMan Youth, Family, and Community Services Association is collecting your personal information according to the requirements of the privacy laws in Alberta. McMan Youth, Family, and Community Services Association is committed to protecting your privacy during your participation in our agency's programs. McMan Youth, Family, and Community Services Association does not share your information with anyone that you do not agree to, and you may withdraw you

consent to share your information at any time. Please be aware that McMan Youth, Family, and Community Services Association provides statistical data to the government; however, the government will not receive your name, date of birth, or any contact or location information (such as address or phone numbers).

I, _____ of the City of Calgary in the Province of Alberta authorize and
(Print Name)

consent to the release and sharing of confidential information related to my residency in Hope Heights Housing. This consent is to be effective throughout my residency. I have read, understood, and agree with the above consent.

Date: _____

Signature of Applicant: _____

