



## Conklin Community Housing Intake Form Guideline

Thank you for agreeing to complete the Conklin Housing Community Intake Form (the "Application" herein). Please make sure to read the following instructions IN FULL and follow these simple rules when filling out the Application.

### *Head of Household*

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Please only have the **Head of Household** complete the Application. Following the Statistics Canada definition, the Head of Household is defined as:

- *In families consisting of a married couple (with or without children or other relatives), the man is the "head"*
- *In lone-parent families with unmarried children, the parent is the "head".*
- *In lone-parent families with married children, the member who is mainly responsible for the maintenance of the family, as identified in a survey question, is the "head".*
- *In families where relationships are other than husband-wife or parent-child, normally the eldest in the family is considered the head.*

### *Disability*

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For the purpose of this Application, we use the World Health Organization's definition of **disability**:

*Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.*

If you or someone from your household has a disability, please answer the appropriate questions accordingly including a brief description. In the event that your application is successful, the Housing Administrator may request proof of your disability. Proof would normally be a letter from your health provider. If you have additional questions about how disabilities are considered in this Application, please contact the Housing Administrator.

### *Legal Dependent*

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A **legal dependent**, as defined by the Government of Canada, is a person that you support and is:

- Your parent or grandparent (by blood, marriage, common-law partnership, or adoption); or
- Your child, grandchild, brother, or sister under the age of 18 years; or
- Your child, grandchild, brother, or sister 18 years of age or older with an impairment in physical or mental functions.

### *Dependent Spouse or Common-Law*

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A **dependent** spouse or common law is defined herein as a spouse or common-law partner with either of an impairment in physical or mental functions.

### *Employment and Income Status*

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The Application requires information about applicant's employment and income status. This information is gathered to determine need, qualification and to apply for governmental housing subsidies. If an application is successful, the Housing Administrator may ask for evidence of your income, most typically provided with your most up-to-date government issued T4 and/or a letter from your employer (if applicable). If you do not have an up-to-date T4 or have questions about how employment and income is considered in this Application, please contact the Housing Administrator.

### *Income Qualifications and Requirements*

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The Income Threshold, updated on a yearly basis through the Government of Alberta ([Link](#)), provides maximum yearly family income levels allowable in order to qualify for this Application.

### *Household Assets*

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When calculating household assets, the Applicant must include the total sale value of assets for everyone in the household that is 15 years old or older. This includes:

- Bank Accounts
- GIC, Mutual Funds, or other investments
- Insurance settlements
- Retirement Savings Plan
- Mobile Home
- Equity in real estate (house and/or land)
- Inheritance
- Net worth of business
- Savings Certificate
- Vehicles

Other appreciable goods that are not listed here must be included in your estimate.

### *Supporting Documentation*

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The Housing Administrator may request proof or supporting documentation at any time to support your application so that it can be appropriately processed and assessed.

### *Contact*

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Finally, it is our collective effort to ensure that every person in Conklin has access to a safe place to sleep each night. As such, if you would like help filling in this Application, please contact the Housing Administrator who can assist you with filling in the questions. Furthermore, if there are any conditions you are facing that are not being considered through the Application, please discuss those with the Housing Administrator so we can assist you in finding a safe place to live.

Any questions on this Application or require further assistance, please contact:

**The Acting Housing Administrator, Peter Fortna, can be contacted at [housing@crdac.ca](mailto:housing@crdac.ca) or (780) 381-9168.**

### *Submission*

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Those interested in applying for Conklin's housing, please complete this Application and return to CHAC to the attention of the Housing Administrator at [housing@crdac.ca](mailto:housing@crdac.ca). If you do not have access to email, please contact the Housing Administrator directly at (780) 381-9168 to make alternative arrangements.

### *Confidentiality*

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Respecting the privacy of our Applicants is a basic value. While your application will be shared in full to the designated Housing Administrator, it will be for the purpose of evaluating your priority score and need (number of bedrooms) that will be required to match our currently supply of housing. Once this has been determined, only your name and score will be shared with the community representatives of CHAC.

While some questions provide the option to “*prefer not to answer*”, please note that in some circumstances it may affect your priority score.

### *Changes in Household Circumstances*

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Once you have submitted the Application and you have experienced changes in household circumstances that are not accurately reflected in the submitted Application, please contact the Housing Administrator at the earliest availability. It is mandatory and your responsibility that your application is accurate and reflective of your current situation. The Housing Administrator may ask you to provide proof of all claims made through this Application.

### *Who is the CHAC?*

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In 2021, the Conklin Resource Development Advisory Committee (“CRDAC”) established the Conklin Housing Advisory Committee (“CHAC”) as a subcommittee to develop and manage social housing application process. The CRDAC will focus on the construction of the housing development. More information is available on the CHAC and the community representatives [HERE](#).



## Conklin Community Housing Intake Form

Please note that your application can only be processed if all questions are answered. Please be sure to print clearly.

### Primary Applicant – Head of Household

Last Name	First Name & Middle Initial	Date of Birth (MM/DD/YYYY)
Home Phone Number	Cell Phone Number	
Email Address		
Current Address (Street Number, Street, City/Town, Province, and Postal Code)		
Mailing Address (if different from above)		
Please select the Indigenous Status that applies to you and specify the Federation, Métis Local, or Nation, if applicable:		
<input type="checkbox"/> Métis	Please specify: _____	
<input type="checkbox"/> First Nation	Please specify: _____	
<input type="checkbox"/> Non-Indigenous		

### Secondary Applicant (For Spouse or Common Law Only)

Last Name	First Name & Middle Initial	Date of Birth (MM/DD/YYYY)
Home Phone Number	Cell Phone Number	
Email Address		
Current Address (Street Number, Street, City/Town, Province, and Postal Code)		
Mailing Address (if different from above)		
Please select the Indigenous Status that applies to you and specify the Federation, Métis Local, or Nation, if applicable:		
<input type="checkbox"/> Métis	Please specify: _____	
<input type="checkbox"/> First Nation	Please specify: _____	
<input type="checkbox"/> Non-Indigenous		

## Household Composition

List all individuals applying on this application who will be living in the subsidized unit, not including the primary and secondary applicant listed above.

Last Name	First Name	Gender (F/M)	Date of Birth (MM/DD/YYYY)	Relationship to applicant	Currently living w/ applicant? (Y/N)

Which of the following best describes your current relationship status?

- Married
  Widowed
  Divorced  
 Separated
  In a domestic partnership or civil union
  Single, never married  
 Single, but cohabiting with a significant other

Please refer to the Guideline to fully understand the terms **dependents** as it relates to spouse or common law partner and **legal dependents**.

Do you have a <b>dependent</b> spouse or common law partner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
How many children or <b>legal dependents</b> are you parent or guardian for and <b>live in your household</b> (under the age of 18)?	<input type="checkbox"/> NONE	<input type="checkbox"/> ONE	<input type="checkbox"/> TWO	<input type="checkbox"/> THREE	<input type="checkbox"/> More than FOUR
How many <b>legal dependents</b> 18 years of age or older that live in your household?	<input type="checkbox"/> NONE	<input type="checkbox"/> ONE	<input type="checkbox"/> TWO		
Is a member of your household pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Prefer not to answer		

## Household Composition

As noted in the Guideline, a significant disability or health condition that is defined as either an impairment, activity limitation, or participation restriction. Examples might include a condition that requires weekly visits to the hospital, challenges with mobility, or other mental health issues. If you have any questions about this section, please contact the Housing Administrator.

Are you a person living with significant disabilities and/or health conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Prefer not to answer
<i>If applicable, please briefly describe those disabilities and/or health conditions:</i>			

Do you have a dependent spouse or common law with significant disabilities and/or health conditions? **Only applicable to the Household living with you.**  YES  NO  Prefer not to answer

*If applicable, please briefly describe those disabilities and/or health conditions.*

Do you have a child or children with significant disabilities or health conditions? **Only applicable to the Household living with you.**  YES  NO  Prefer not to answer

*If applicable, please briefly describe those disabilities and/or health conditions.*

Does someone else (not mentioned above) in your household under your care have significant disabilities and/or health conditions? **Only applicable to the Household living with you.**  YES  NO  Prefer not to answer

*If applicable, please briefly describe those disabilities and/or health conditions.*

## Current Living Situation

Which of the following best describes your current living situation?

- I have lived in Conklin for at least 12 months or longer.
- I have lived in Conklin for the last 3-12 months.
- I used to live in Conklin more than 12 months ago.
- I have never lived in Conklin.

*If **none of the above apply** to your situation, please describe your living situation below.*

If you were forced to move away from Conklin, what were the circumstances?

- I was forced to move away from Conklin to access safe housing.
- I was forced to move away from Conklin to access something that is not available in the community (education, work, social services, medical services, etc.)
- I have **not** been forced to move away from Conklin, and I have lived here for 12 months or longer.
- I have **not** been forced to move away from Conklin, and I have lived here for less than 12 months.
- I have **not** been forced to move away from Conklin, because I have never lived in Conklin.

Which best describes your current housing situation?

- I currently live in a house.
- I currently live in a mobile home with proper connections to water, sewer, electricity, etc. (includes septic systems)
- I currently live in a townhouse, condominium, or apartment.
- I currently live in a makeshift home (i.e., a camper trailer) *without* a permanent connection to water, sewer, electricity.
- I currently occupy another individual's or family's accommodations on a temporary basis (i.e., I stay on a friend or family members' couch)
- I am currently homeless and I'm not sure where I will stay tonight.
- I currently live in another housing situation. *Please describe below.*

If you are unsure how to answer this section, please ask the Housing Administrator for assistance. To calculate Rent to Income: Divide the total household gross income by 12, then take the total rent and divide it by this number (your monthly income), and then multiply it by 100 to get to your percentage.

What is your current rent to income percentage?

- The household or applicant pays less than 31% of rent to income.
- The household or applicant pays 31-35% of rent to income.
- The household or applicant pays 36-40% of rent to income.
- The household or applicant pays 41-45% of rent to income.
- The household or applicant pays 51-55% of rent to income.
- The household or applicant pays 56-60% of rent to income.
- I currently do not pay for housing as I am living in a makeshift home.
- I currently do not pay for housing as I am occupying another individual's or family's accommodations on a temporary basis.
- I currently do not pay for housing as I am homeless.

Please select any of the following that apply to your current housing situation. Please be sure to **select ALL that apply.**

- Have received an eviction notice from current residence.
- Current residence is unsafe for at least one household member due to threats or some type of abuse.
- Current residence is no longer available due to an emergency situation (fire, flood, etc.).
- Current residence cannot accommodate the medical or physical needs of the household.
- None of the above apply to my situation. *Please describe your living situation below.*

Check which boxes apply to your current living situation:

- More than two (2) adults who are **not** a couple share a bedroom in your current home.
- A household member (5 years and up but under 18) shares a bedroom with another member of opposite sex.
- A household member is forced to sleep in a space other than a bedroom.

Do any of following apply to your current living situation? My current household:

- Does not have a kitchen.
- Does not have a living room.
- Does not have individual bedrooms for each member.
- Does not have a dining room.



## Employment and Income Status

If you are unsure how to answer this section, please ask the Housing Administrator for assistance.

I am currently employed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If unemployed, do you have another source of income?			
<input type="checkbox"/> NO, I have no other source of income.	<input type="checkbox"/> NOT APPLICABLE, I am currently unemployed.		
<input type="checkbox"/> YES, I have another source of income. Please select the type of income below:			
<input type="checkbox"/> Social Assistance	<input type="checkbox"/> Pension	<input type="checkbox"/> EI	<input type="checkbox"/> Non-Social Assistance
<input type="checkbox"/> Other	Please specify: _____		
What is your total household gross income? This includes all sources of income.			
<input type="checkbox"/> Under \$30,000	<input type="checkbox"/> Between \$30,000 and \$61,999		
<input type="checkbox"/> Between \$62,000 and \$72,999	<input type="checkbox"/> Between \$72,500 and \$81,999		
<input type="checkbox"/> Between \$82,000 and \$87,999	<input type="checkbox"/> Over \$88,000		
What are your current <b>household assets</b> worth? Please refer to our <b>Guideline to fully understand what a <u>household asset</u> is.</b>			
Household maintains:			
<input type="checkbox"/> less than \$10,000 in assets.	<input type="checkbox"/> more than \$10,000 but less than \$50,000 in assets.		
<input type="checkbox"/> more than \$50,000 in assets but less \$100,000 in assets.	<input type="checkbox"/> more than \$100,000 in assets.		