
Métis Capital Housing Corporation

11922 121 A Street Edmonton, Alberta T5L 0A2 Ph 780 452 6440 or 1 877 458 8684 Fax 780 452 1076

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

QUALIFICATIONS

- ∞ The Applicant or Co-Applicant must be Aboriginal.
- ∞ Must provide proof in income.

PROCEDURE

If you feel you qualify for Métis Capital Housing, please fill out your application completely.

Both the Applicant and Co-Applicant must sign and date the document.

Submit with your application:

- ∞ Proof of Native Ancestry - Métis Card (contact Métis Nation of Alberta) or Status Card (contact Indian and Northern Affairs Canada) or Inuit Status
- ∞ Alberta Health Care and or SIN for Applicant & Co Applicant & AHC for all dependants
- ∞ Two letters of reference from your current and previous Landlords
- ∞ Criminal Record Check (Security Clearance) for all applicants over 18 years
CRC cost is reimbursed in second month of tenancy
- ∞ Medical letters are required if you or someone in your family are handicapped or disabled
- ∞ Income Tax Notice of Assessment for the most recent year
- ∞ Canada Child Tax Benefit (CCTB) Notice of Assessment for the most recent tax year
- ∞ Income Verification – Letter from Employer or Pay Stub(s)
- ∞ Further documentation may be required

PLEASE NOTE

All applications are processed at the Head Office in Edmonton. We select tenants based on the most suitable candidate.

We are not an Emergency Housing Program.

Once accepted, you will be notified. If there are no units available your name will be put on a wait list. You must contact our office each time contact information changes (phone number and/or mailing address). If after 3 attempts to reach you we are unsuccessful, your name will be removed from the wait list.

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ALL INFORMATION MUST BE COMPLETED BEFORE PLACEMENT ON WAIT LIST

Name of Applicant: _____	Name of Co-Applicant: _____
Applicant's Date of Birth: _____	Co-Applicant's Date of Birth: _____
Social Insurance Number: _____	Social Insurance Number: _____
Alberta Health Care _____	Alberta Health Care _____
Métis: _____ Status: _____ Bill-C31: _____ Other: _____	Métis: _____ Status: _____ Bill-C31: _____ Other: _____
Alberta Health Care Number: _____	Alberta Health Care Number: _____
Address: _____	Address: _____
City/Province: _____ P/C _____	City/Province: _____ P/C _____
Current Telephone Number: _____	Current Telephone Number: _____
Which Town or City are you applying for? _____	

Applicant's Marital Status: Married: _____ Single: _____ Common-law: _____ Other: _____

LIST ALL OTHER PEOPLE WHO WILL BE LIVING WITH YOU (Write on the back or add extra sheet if necessary):

Name	Sex	Relationship	Birth Date	Occupation

SOURCE OF APPLICANTS INCOME

Employed gross monthly amount: \$ _____
 Employer's phone: _____
 Social Services total amount of assistance per month: \$ _____
 Workers name: _____
 Child Tax Benefit Total/month: \$ _____
 A.I.S.H.: \$ _____ Pension(s): \$ _____
 Student Grant(s): \$ _____ Other: \$ _____

SOURCE OF CO-APPLICANTS INCOME:

Employed gross monthly amount: \$ _____
 Employers phone: _____
 Workers phone: _____
 Child Support: \$ _____
 E.I.: \$ _____

INCLUDE INCOME FOR ALL DEPENDENT'S RESIDING WITH YOU IN THE ABOVE SPACE PROVIDED

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ALL INFORMATION MUST BE COMPLETED BEFORE PLACEMENT ON WAIT LIST

PRESENT ADDRESS:

If you currently reside in housing located either on a First Nation Reserve or a Métis Settlement, you will need to provide written documentation from the Reserve or Settlement office stating whether or not you or your immediate family have a home on their lands.

Do you own your own home? Yes: _____ No: _____

I now live in a: Apartment: _____ House: _____ Condo: _____ Bsmt. Suite: _____

Do you now live in subsidized housing? Yes: ___ No: ___ Length of time at present address: Years: ___ Months: ___

Monthly Rent: _____ Are Utilities Included: Yes: _____ No: _____

Monthly cost of Power: _____ Gas: _____ Water: _____

Number of Bedrooms: _____ How much notice must you give before moving: _____

Present Landlord: _____

Telephone: _____ Address: _____

Previous Landlord: _____ Move out date: _____

Telephone: _____ Address: _____

OTHER INFORMATION:

Have you ever applied to Métis Urban or Métis Capital Housing Corporation before? Yes: ___ No: ___ If yes when? _____

Which area of the City preferred, if it can be arranged: Mark 1st and 2nd Choice: NORTH: _____ SOUTH: _____

Is baby expected: _____ If yes, when: _____

How long have you lived in Alberta: _____

NEXT OF KIN / CONTACT PERSON IN EVENT OF EMERGENCY:

Name: _____ Address: _____ Phone: _____

I understand and further agree to:

- ∞ **Submit income verification to ensure qualifications are met in accordance with Policy and Guidelines**
- ∞ **Authorize Métis Capital Housing Corporation to conduct inquiries re the approval of my MCHC Application**
- ∞ **Submit a Criminal Record Check**
- ∞ **Sign a Lease Agreement (Month to Month)**
- ∞ **Pet Policy – Strictly Enforced (Discuss exceptions with MUHC Staff)**

SIGNED BY: APPLICANT: _____

CO-APPLICANT: _____

DATE: _____

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE HELD IN STRICT CONFIDENCE

Thank you for applying to Métis Urban Housing Corporation