



**CSHO**  
 Cochrane Society for Housing Options  
 opening doors for you

# Cochrane Society for Housing Options Wait List Form

Date: \_\_\_\_\_

## Primary Applicant/s:

Last Name	First Name	Birthdate (MM/DD/YY)
_____	_____	_____
Last Name	First Name	Birthdate (MM/DD/YY)
_____	_____	_____
Address - Suite, Number, Street, City, Province, Postal Code		Home/Cell Phone
_____		_____
Email Address		
_____		

May we contact you using your email address?  Yes  No

## Accommodation Profile

Currently live in:  Cochrane  Beaupre  Bottrel  Bragg Creek  Springbank  Other \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Current Housing Situation:  Own  Rental  Staying with family  No fixed address  Other \_\_\_\_\_

**What are your current reasons for requiring housing? (Please check all that apply)**

- |  |   |                                       |  |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Overcrowded/Too Small | <input type="checkbox"/> Unsafe/Poor Repair | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Addiction/Mental Health       |
| <input type="checkbox"/> Divorce/Seperation    | <input type="checkbox"/> Health Concerns    | <input type="checkbox"/> Eviction     | <input type="checkbox"/> Living in Vehicle/Camper/Tent |
| <input type="checkbox"/> Domestic Violence     | <input type="checkbox"/> Accessibility      | <input type="checkbox"/> Too Costly   | <input type="checkbox"/> Staying with Family/Friends   |
| <input type="checkbox"/> Other _____           |   |                                       |  |

Unit Size Requested:  Bachelor  1 Bedroom  2 Bedroom  3 Bedroom

Where would you like to live?  Sunset  Downtown

Do you require a wheelchair accessible unit?  Yes  No

Do you have a support network in Cochrane?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have pets?  Yes  No

*\*CSHO allows pets under a Pet Policy adopted in June 2020. A signed Pet agreement is required prior to moving into a CSHO unit.*

Does anyone in your household smoke?  Yes  No

*\*Smoking of any product is NOT permitted in CSHO units*



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Cochrane Society for Housing Options  
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## Household Composition

List all other persons who will be living with you.

Full Name (Surname First)	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Employment Information:

Are you employed?  Yes  No If yes, who is your current employer? \_\_\_\_\_

Job Title: \_\_\_\_\_

What community do you work in?  Cochrane  Calgary  Other \_\_\_\_\_

### Employment/Income Status:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Full Time Job                      | <input type="checkbox"/> Student                    | <input type="checkbox"/> Employment Insurance |
| <input type="checkbox"/> Part Time Job                      | <input type="checkbox"/> Self Employed              | <input type="checkbox"/> Casual Employment    |
| <input type="checkbox"/> Not Employed: Looking for work     | <input type="checkbox"/> Disability Pension/AISH    | <input type="checkbox"/> Retired (Pensions)   |
| <input type="checkbox"/> Not Employed: Not looking for work | <input type="checkbox"/> Social Assistance/AB Works | <input type="checkbox"/> Other _____          |

Annual Total Income Per Year  Less than \$15,000  \$15,000 - \$30,000  \$30,000 - \$61,000

## Optional Information:

Would you like to be connected with a Community Resource Worker?  Yes  No

If yes, please check appropriate boxes to indicate areas of support you are requesting:

- |  |  |  |
|--|--|--|
| <p><b>Family/Parenting</b></p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Parenting/Family Issues</p> <p><input type="checkbox"/> Relationship Issues</p> <p><input type="checkbox"/> Domestic Violence</p> <p><b>Legal</b></p> <p><input type="checkbox"/> Separation/Divorce/Custody</p> <p><input type="checkbox"/> Wills/Estates</p> <p><input type="checkbox"/> Employment/Labour Standards</p> <p><input type="checkbox"/> Landlord/Tenant Issues</p> <p><input type="checkbox"/> Immigration Issues</p> <p><input type="checkbox"/> Other _____</p> | <p><b>Health/Wellness</b></p> <p><input type="checkbox"/> Addictions</p> <p><input type="checkbox"/> Emotional/Mental Health</p> <p><input type="checkbox"/> Physical Health Care</p> <p><input type="checkbox"/> Social Needs/Isolation</p> <p><input type="checkbox"/> Transportation Needs</p> <p><b>Support/Services</b></p> <p><input type="checkbox"/> Help with Government Forms</p> <p><input type="checkbox"/> Help with Accessing Government/Other Programs or Services (advocacy)</p> | <p><b>Financial</b></p> <p><input type="checkbox"/> Employment Issues/Needs</p> <p><input type="checkbox"/> Housing Issues/Needs</p> <p><input type="checkbox"/> Training/Education Needs</p> <p><input type="checkbox"/> Emergency (shelter, food, medical, etc.)</p> <p><input type="checkbox"/> Other _____</p> <p><b>Other Information</b></p> <p><input type="checkbox"/> Community or program Information</p> <p><input type="checkbox"/> Volunteering</p> <p><input type="checkbox"/> Other _____</p> |
|--|--|--|



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## Declaration

The information you provide to the Cochrane Society for Housing Options (CSHO) will:

- Be treated in a confidential manner and will not be used for any other purpose unless specifically authorized by the applicant.
- Be used for the purpose of evaluation and eligibility of the applicant to the CSHO affordable housing program.

Both the Cochrane Society for Housing Options and the applicant acknowledge that provisions in the Freedom of Information and Protection Act are applicable with regard to the collection, use and release of this information.

By signing this declaration, you are providing consent for Cochrane Society for Housing Options and the Cochrane Family & Community Support Services (FCSS)/Family Resource Network (FRN) to share information related to affordable housing in order to improve effectiveness of the service being provided to you.

I agree, consent and give the Cochrane Society for Housing Options permission to use my non-identifying information for the purpose of data collection and improved service delivery.

Signature (Applicant)

Date:

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Signature (Co-Applicant)

Date:

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*Note: CSHO applications are held on file for a maximum of 3 months. It is the applicant's responsibility to contact the Housing Resource Worker to re-apply after that time. Should an applicant be invited for an interview when there is a vacancy, a full application form will be required. CSHO units are below market rentals and are not subsidized rentals.*

**Sandra Gateman, Housing Resource Worker**  
**[sgateman@csho.ca](mailto:sgateman@csho.ca)**

**Date of application** \_\_\_\_\_

**Date to Renew Application** \_\_\_\_\_  
(3 months from initial application date)