

The HomeStead Wait List Form

Primary Applicant/s:

(Person(s) applying for accommodation)

Last Name:	First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	Home Ph:
		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Last Name:	First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	Work Ph:
		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Address: Suite, Number, Street, City, Prov., Postal Code			Message Ph:

What are your current issues regarding your housing requirements?

Household Composition:

List yourself on line 1, and then list all of the other persons in your household who will be living with you. If there are more than 6 people in your household, attach the extra names on a separate sheet.

1.	Full Name (Surname first)	Age	Relationship to Applicant
2.			
3.			
4.			
5.			
6.			

Accommodation Profile:

Your Current Accommodations: Do you: Rent Own Other _____

Type of Unit needed: Bachelor 1 Bedroom 2 Bedrooms 3 Bedrooms

Do you require a barrier-free unit? If yes, please explain why: _____

Is your present housing adequate i.e.: safe, costly, too small, health concerns, eviction? Yes No Please specify: _____

Pets: Do you have pets? Yes No If yes, are you willing to make alternate arrangements for you pet? _____
 (Note: Pets are not permitted in the building.)

Smoking: Does anyone in your household smoke? Yes No
 (Note: Smoking is **NOT** permitted in the HomeStead Building)

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Cochrane Society for Housing Options

Do you have a support network within Cochrane? Yes No Please explain:

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

What community do you work in? Cochrane Calgary Other _____

DECLARATION

The information provided for in this application shall be treated in a confidential manner. Cochrane Society for Housing Options confirms that the information, which is of a personal nature, will only be used for the purpose for which it is provided, namely, the evaluation of the eligibility of the applicant for consideration in the Society's housing program. The personal information will not be used for any other purpose unless specifically authorized by the applicant. 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.

I agree, consent and give the Cochrane Society for Housing Options permission to make public the general demographic profile of all applicants.

Name _____
Signature of Applicant

Date _____

Please Note: Applications will be held on file for a maximum of **three (3) months**. It is the applicant's responsibility to re-apply for housing. A **full application** form will be required should the applicant be invited for an interview. The HomeStead units are below market rentals and are **not** subsidized.

Cochrane Society for Housing Options

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United Way of Calgary & Area.*