



Cochrane Society for Housing Options Wait List Form

Date: _____

Primary Applicant/s:

(Person(s) applying for accommodation)

| | | | | |
|--|-------------|-------------------------------|-------------------------------|-----------------------------|
| Last Name: | First Name: | <input type="checkbox"/> Mr. | <input type="checkbox"/> Miss | Birthdate: Month/ Day/ Year |
| | | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | |
| Last Name: | First Name: | <input type="checkbox"/> Mr. | <input type="checkbox"/> Miss | Birthdate: Month/ Day/ Year |
| | | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | |
| Address: Suite, Number, Street, City, Prov., Postal Code | | | | Home or cell Phone: |

May we contact you using your e-mail address? Yes No e-mail address: _____

May we leave a voice mail if we are unable to reach you by phone? Yes No

Household Composition:

List all other persons who will be living with you. If there are more than 5 people in your household, attach the additional names on a separate sheet.

| # | Full Name (Surname first) | Age | Relationship to Applicant |
|----|---------------------------|-----|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Accommodation Profile:

I currently live in?

| | | | | | | |
|-----------------------------------|----------------------------------|------------------------------------|----------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cochrane | <input type="checkbox"/> Beaupre | <input type="checkbox"/> Bears paw | <input type="checkbox"/> Bottrel | <input type="checkbox"/> Bragg Creek | <input type="checkbox"/> Springbank | <input type="checkbox"/> Other _____ |
|-----------------------------------|----------------------------------|------------------------------------|----------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|

How long have you lived at your current address? _____

How long have you lived in Cochrane? _____

My current housing situation:

Own Home Staying with friends/family Other: _____
 Rental No fixed address

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

| | | |
|--|--|---|
| <input type="checkbox"/> Overcrowded/Too small | <input type="checkbox"/> Health concerns | <input type="checkbox"/> Too costly |
| <input type="checkbox"/> Divorce/separation | <input type="checkbox"/> Landlord/tenant issue | <input type="checkbox"/> Living in vehicle |
| <input type="checkbox"/> Physical disability/accessibility | <input type="checkbox"/> Lost Job | <input type="checkbox"/> Addiction/mental health |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Eviction | <input type="checkbox"/> Living in Camper or tent |
| <input type="checkbox"/> Unsafe | <input type="checkbox"/> Poor repair | <input type="checkbox"/> Other: _____ |

Where would you prefer to live: Check all that apply Downtown core Sunset

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

Do you require a wheel chair accessible unit? Yes No

Pets: Do you have pets? Yes No **If yes,** are you willing to make alternate arrangements for your pet? Yes
 No (Note: Pets are not permitted in CSHO units, unless they are service or guide dogs and are **properly** registered based on the guidelines from the Alberta Government)

Does anyone in your household smoke? Yes No (Note: Smoking is **NOT** permitted in any CSHO units)

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

What community do you work in? Cochrane Calgary Other _____

If you work in Cochrane, how long have you worked here? _____

My employment /income status is: (check all that apply)

- | | | |
|---|--|---|
| <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 over \$61,000

Do you have a support network in Cochrane? Yes No If yes, please explain: i.e. family, friends, professional support etc.

Optional Information:

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

If you answered yes to the previous question, please check appropriate boxes to indicate areas of support you are requesting: (If you answered no to the previous question, please skip to Declaration)

| | | |
|---|--|---|
| <p>Family/Parenting</p> <input type="checkbox"/> Child care <input type="checkbox"/> Parenting/ Family Issues <input type="checkbox"/> Relationship Issues <input type="checkbox"/> Domestic Violence | <p>Health & Wellness</p> <input type="checkbox"/> Addictions <input type="checkbox"/> Emotional/ Mental Health Needs <input type="checkbox"/> Physical Health Care Needs <input type="checkbox"/> Social Needs/ Isolation <input type="checkbox"/> Transportation Needs | <p>Financial</p> <input type="checkbox"/> Employment Issues/ Needs <input type="checkbox"/> Housing Issues/ Needs <input type="checkbox"/> Budgeting/ Planning <input type="checkbox"/> Training/ Education Needs <input type="checkbox"/> Emergency Needs (food, shelter, medical, transportation) <input type="checkbox"/> Other Financial Concerns _____ |
| <p>Legal</p> <input type="checkbox"/> Separation/Divorce/Custody <input type="checkbox"/> Wills/ Estates <input type="checkbox"/> Employment / Labour Standards <input type="checkbox"/> Landlord/ Tenant Issues <input type="checkbox"/> Immigration Issues <input type="checkbox"/> Other _____ | <p>Support Services</p> <input type="checkbox"/> Help with Government Forms <input type="checkbox"/> Help with accessing government/ other programs or services (advocacy) | <p>Other Information (new to the community, information, programs, services)</p> <input type="checkbox"/> Community or Program Information <input type="checkbox"/> Volunteering <input type="checkbox"/> Other _____ |

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.

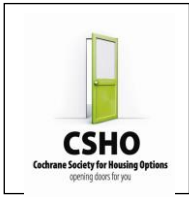
By signing this declaration, you are providing consent for **Cochrane Society for Housing Options** and the **Western Rocky View Family and Community Resource Centre** and **other organizations housed in Cochrane Family & Community Support Services (FCSS)** to share information related to affordable 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.

Name _____ Date _____
Signature of Applicant

Name _____ Date _____
Signature of Co-Applicant (if applicable)

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. CSHO units are below market rentals and are **not** subsidized rentals.



Please Remove this form and Keep for your Records

CSHO Applications are removed from Wait List after 3 months. It is your responsibility to contact the Housing Resource Worker after that time to ensure your application is on file and up to date.

Amanda Mouland, Housing Resource Worker
 Box 2035,
 #1, 209-2nd Avenue West
 Cochrane, Alberta T4C 1B8
 amouland@csho.ca
 Phone: (403) 851-2565 Fax: (403) 851-2260

Date application filled out: _____ Date to renew file: _____
 (m/d/yr) (3 months from application date)

Rental Resources

- www.cochrane4rent.com Contains a list of properties for rent in Cochrane.
- www.rentershotline.ca Has rental listings for Landlord or rental property owners.
- www.rentfaster.ca Enables you to find and list Calgary and area apartments. Has apartment search features that connects renters to Calgary homeowners and property managers quickly and easily.
- www.homerent.ca Find apartments, houses and other kinds of homes for rent. You can also find shared accommodation, short-term rentals, fully furnished suites, vacation rentals and rent-to-own. Explore additional renting resources: property management company bios, downloadable rental forms.
- www.point2homes.com Lists homes for sale and for rent.
- www.kijii.ca Search under area and real estate for rental properties
- **Cochrane Society for Housing Options-** www.csho.ca Facilitates and provides rental and ownership opportunities to the Cochrane area.
- **Habitat for Humanity Calgary -** www.habitatcalgary.ca
 A non-profit organization working for a world where everyone has a safe and decent place to live. It has been consistently providing affordable housing in Calgary and surrounding areas for the past 20 years. Visit the website for a list of current projects and more information.
- www.realtor.ca A multiple listing service sponsored by The Canadian real Estate Association. Contains homes listed for sale or rent by certified realtors.
- **Weekly Newspapers – The Cochrane Times and Cochrane Eagle-** Check the local classified ads in Cochrane's weekly newspapers which come out every Wednesday or online at:
<http://classifieds.cochranetimes.com/cochrane/rentals/search> or <http://www.cochraneagle.com/section/coe01>