

Treaty 7 Urban Indian Housing Authority

Sub Office

Lethbridge Office

234 12C Street North
Lethbridge, AB - T1H 2M7
Telephone: (403) 327-1995
Fax: (403) 327-0849

Head Office

Box 871
Standoff, AB – T0L 1Y0
Toll Free: 1-800-567-4256
E-mail: administrative@t7housing.com

Sub Office

Calgary Office

7535 Flint Rd. SE
Calgary, AB – T2H 1G3
Telephone: (403) 332-0035

Mission Statement:

To provide quality, affordable, transitional, rental accommodations for low-to-moderate income Native families and or individuals in urban centers requiring the services of Treaty 7 Urban Indian Housing Authority.

Vision Statement:

Treaty 7 Urban Indian Housing Authority operates on the premise that client families are supported, healthy, thriving and are working towards acquiring their own homes.

SELECTION POOL PROCEDURE

Treaty 7 Urban Indian Housing Authority application process. There is no waiting list, the selection pool procedure requires the application to be completed, which keeps the file active within the selection pool. **In order to keep the file active, the application needs to be updated within three (3) months, and all documents must be in writing for the current year. It is the applicant's responsibility to ensure the updates include:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Current Phone Number | <input type="checkbox"/> Current Tax Assessment | <input type="checkbox"/> Household Composition |
| <input type="checkbox"/> Mailing Address/Email | <input type="checkbox"/> Landlord Reference Letter | (all people residing in unit) |
| <input type="checkbox"/> Current Income Verification | <input type="checkbox"/> Character Reference Letter | |

Only a complete and active file will be added to the selection pool. The Selection Committee reviews the files to select for an interview. If applicants are selected for an interview they will be notified.

The applicant's interview, references and proof of income verification will determine if the applicant is capable of maintaining an urban household. Once the Selection Committee decides who is selected for the assigned unit, the Tenant Relations Officer will contact the applicant and present them with a tenant package which will include:

- ☐ Selected Tenant Letter
- ☐ Confirmation of Selection Form
- ☐ Gas and Utility Confirmation Forms.

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If you require further information or have any concerns or questions please contact Treaty 7 Urban Indian Housing Authority for assistance.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED (PLEASE READ INSTRUCTIONS CAREFULLY)

Treaty 7 Urban Indian Housing Authority provides rental units for low to moderate-income Native applicants in Calgary, Cardston and Lethbridge who are working towards acquiring their own home. Rent is calculated at 25% of gross income. To be considered for accommodations, **the following criteria must be met:**

- Applicant must be registered Status First Nations Member within Canada.
- Applicant must not be a Home Owner on or off reserve.
- The total Gross Household income must not exceed the current year “Core Need Income Thresholds” for the following cities according to the objective of CMHC’s Urban Indigenous programs:

Municipality	2 Bedroom	3 Bedroom	4 Bedroom
Cardston		\$46,000	
Calgary	\$53,500	\$58,500	\$72,500
Lethbridge	\$43,500	\$54,000	\$63,000

1. Applicant and co-applicant/spouse: Proof of **Native Status Card/Tribal Membership Card** including **Alberta** Health Care Cards or Birth Certificate.
2. Household composition confirmation: Alberta Health Care Card or Birth Certificate and Court Order/Guardianship if applicable.
3. **Current Income Verification** for both applicant/co-applicant and each family member who receives an income. **Current Notice of Assessment** (or Statutory of Declaration) **MUST** be attached including one of the following:
 - Employer (two (2) paystubs or letter stating hours worked per week and total earnings)
 - Student funding confirmation (Student loan statement or letter from sponsorship/funder)
 - Alberta Works (Income Support, AISH, Learner Financial Benefits)
 - Employment income (EI) documentation (letters of approval or denial)
 - On Reserve T4 Statement
4. **One reference letter from Present/Previous Landlord or Lease Agreement.** If you are unable to submit a landlord reference letter, two-character reference letters are required. Preference may be given to those applications that include a landlord reference.
5. **One Character Reference letter** from a person with a professional title. Please include in the letter how they know the applicant; include contact information. **CANNOT be from friend or relative.**

****It is the responsibility of the applicant to call in within a three 3-month timeline in order to keep the information current. Failure will result in the application not being forwarded to the selection pool, the file will be considered inactive and will be shredded after one year of no contact. ****

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APPLICATION FOR ACCOMMODATION

Location (**only check one**): ☐Calgary ☐Lethbridge ☐Cardston

Date of Application: _____MM/DD/YY

Applicant (Head of Household)

Full Name: _____

Mailing Address: _____

Address, City, Province, Postal Code

E-mail Address: _____

Phone #: _____ Work/Cell #: _____

Treaty #: _____

Band Name: _____ Emergency Contact: _____

Alberta Health Care #: _____ Phone#: _____

Co-Applicant/Spouse

Full Name: _____

Relationship to Applicant: _____

Phone #: _____ Work/Cell #: _____

Treaty #: _____

Band Name: _____ Emergency Contact: _____

Alberta Health Care #: _____ Phone#: _____

Household Composition: List all members including applicant (head of household), who will be residing in the unit.

Name of Applicant/Co-Applicant/ Dependants and all household members	Gender F/M	Birth Date MM/DD/YY	Age	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				

Expected Child: (letter from Doctor is required for confirmation)

If the applicant is expecting a child please state due date: _____MM/DD/YY

**** Copy of AHC Card required after child is born****

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EMPLOYMENT

List all Jobs or Positions held during the past 12 months, beginning with the most recent employer.

Applicant (Head of Household) Name: _____

Employers Name /School	Address	Phone #	Employment Dates	Hrs/wk.	Rate of Pay \$
1.					
2.					

Co-applicant/Spouse Name: _____

Employers Name /School	Address	Phone #	Employment Dates	Hrs/wk.	Rate of Pay \$
1.					
2.					

Other working Household Members Name: _____

Employer Name/School	Address	Phone #	Employment Dates	Hours/week	Pay Rate \$

References: Two reference letters must be attached before this application will be considered.

Landlord Name:	Character Name:
Address:	Address:
Phone #:	Phone #:

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CLIENT DISCLOSURE FORM

Applicant Name: _____ Date of Birth MM/DD/YY: _____

Co-Applicant Name: _____ Date of Birth MM/DD/YY: _____

I hereby authorize Treaty 7 Urban Indian Housing Authority to use and disclose my personal information from my client file between, Treaty 7 Urban Indian Housing Authority and any **Persons, Agencies or Service Providers listed below:**

Example: Landlords, Case Worker, Employers, References, etc....

I understand the reasons for sharing and use of information as described, that my consent is voluntary, and failure to provide consent will not result in any adverse decisions about my rights, benefits or services, other than limiting the ability of communicating and verifying the information listed in my file.

I also understand I have been asked to disclose my personal information, and have been informed of the risks and benefits of consenting, or refusing to consent, to such disclosure. I, further, understand I may revoke this consent at any time and **MUST** be in writing.

Dated and effective as of MM/DD/YY: _____

Signature of applicant _____ Print name: _____

Signature of co-applicant _____ Print name: _____

Signature of Witness _____ Print name: _____

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ACKNOWLEDGEMENT AND UNDERSTANDING

I understand that this application does not constitute an agreement on part of Treaty 7 Urban Indian Housing Authority or its agents, to provide me with rental accommodations.

I hereby authorize Treaty 7 Urban Indian Housing Authority to make any inquiries to verify the facts contained herein by any method the Housing Authority deems necessary, being fully aware that ***discovery of any false statement shall cancel any further consideration of my application.***

I further acknowledge the right of the Housing Authority at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty of liability for damage or otherwise, any acceptance or approval of this application previously made or given.

I further agree that I will update my application within a three month timeline. I understand that I have an obligation to advise the Housing Authority, in writing of any changes in mailing address, telephone number, Household composition, gross income, assets, or employment as they occur.

Applicant Name:

Date MM/DD/YY:

Signature:

Witness:

Co-Applicant Name:

Date MM/DD/YY:

Signature:

Witness:
