

YWCA OF BANFF APPLICATION FOR ACCOMODATION

FAX: 403-760-3202 TEL: 403-760-3225

EMAIL: housing@ywcabanff.ab.ca

COMPLETION INFORMATION

Date (mm) (dd) (yy)	Date accommodation is required (mm) (dd) (yy)	Intake completed by
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ROOM TYPE REQUIRED

Date room is required (mm) (dd) (yy)	SINGLE GINGERBREAD ROOM (1 PERSON): \$85.00/WEEK <input type="checkbox"/>	DOUBLE GINGERBREAD ROOM (2 PERSONS): \$130.00/WEEK <input type="checkbox"/>
Please Check Accommodation Required	SINGLE 4 TH FLOOR ROOM (1 PERSON): \$115.00/WEEK <input type="checkbox"/>	DOUBLE 4 TH FLOOR ROOM (2 PERSONS): \$160.00/WEEK <input type="checkbox"/>

APPLICANT INFORMATION

First Name	Last Name
Middle Name	Date of birth (mm) (dd) (yy)
Most Recent Address	
Current Home Phone Number	Current cell or work
Proof of picture identification <input type="checkbox"/>	e-mail address (please print clearly)

EMERGENCY CONTACT

Name	Relationship:
Phone Number (home, cell, work – circle)	Address

PERSONAL REFERENCES (A MINIMUM OF 2 REFERENCES ARE REQUIRED)

Name	Relation	Contact Information
Name	Relation	Contact Information
Name	Relation	Contact Information

REFERRAL INFORMATION

How did you hear about our residence?	
<input type="checkbox"/> Friend	<input type="checkbox"/> Community Agency (specify _____)
<input type="checkbox"/> Family	<input type="checkbox"/> Advertisement (specify: yellow pages, billboards, etc)
<input type="checkbox"/> Other (specify _____)	

***EMPLOYMENT HISTORY AND REFERENCE**

Current Employment Status			
<input type="checkbox"/> Full-time	<input type="checkbox"/> Casual	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Part-time	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (specify)
Current Company Name: Employer:		Contact Information:	
Past Employment References: Company Name: Employer: Reason for leaving (N/A if still working):			

***INCOME**

Primary Source(s) of Income:			
<input type="checkbox"/> Employment	<input type="checkbox"/> Alberta Works	<input type="checkbox"/> AEII	<input type="checkbox"/> No income
<input type="checkbox"/> Student funding	<input type="checkbox"/> EI	<input type="checkbox"/> AISH	
<input type="checkbox"/> Other (specify)			
If Social Assistance or AISH Worker's Name: Office:		Worker's phone number: Release of information signed? <input type="checkbox"/> yes <input type="checkbox"/> no	

***NOTE: IN ORDER TO BE ELIGIBLE FOR RESIDENCY ONE MUST HAVE FULL TIME INCOME OR INCOME SUPPORT**

THE YWCA OF BANFF RESERVES THE RIGHT TO ACCEPT OR DECLINE ANY APPLICATIONS FOR ACCOMODATION. THE YWCA WILL CONTACT EACH APPLICANT UPON THE APPROVAL OF THEIR APPLICATION.

I UNDERSTAND THAT UPON THE APPROVAL OF MY APPLICATION BY THE YWCA OF BANFF:
I MUST CONTACT THE YWCA HOUSING MANAGER WEEKLY TO KEEP MY APPLICATION CURRENT.
I UNDERSTAND THAT FAILURE TO CONTACT THE YWCA HOUSING MANAGER WEEKLY IN REGARDS TO MY APPLICATION WILL RESULT IN THE REMOVAL OF MY APPLICATION FROM THE WAITING LIST.

I AGREE THAT IF MY APPLICATION HAS BEEN ACCEPTED AND A ROOM BECOMES AVAILABLE THE FOLLOWING PAYMENT IS REQUIRED:
ONE WEEK'S RENT PAID IN FULL, A DAMAGE DEPOSIT THAT IS EQUIVILANT TO ONE WEEK'S RENT AND A KEY DEPOSIT OF \$15.00.

I AUTHORIZE THE STAFF OF THE YWCA OF BANFF THE RIGHT TO OBTAIN INFORMATION REGARDING MY PERSONAL REFERNCES AS WELL AS MY PERSONAL EMPLOYMENT OR INCOME SUPPORT STATUS WITH THE USE OF THE REFERNCES I HAVE PROVIDED.
I AGREE THAT ALL STATEMENTS ARE MADE HEREIN TO THE BEST OF MY KNOWLEDGE AND ALL INFORMATION PROVIDED IS TRUE:

APPLICANT'S NAME (PRINT): _____

APPLICANT'S SIGNATURE: _____

DATE: _____