

Blackfoot Family Lodge Society (BFLS) provides rental units for low to moderate-income Indigenous women in Lethbridge who are working towards acquiring their own home. Unfortunately, we have a limited number of housing units and are unable to accommodate all those who need housing.

To be considered for accommodations, the following **criteria must be met:**

- Applicant must be registered Blood, Piikani, Siksika First Nations member(s).
- Applicant(s) must have dependants under the age of 18 years and/or senior citizen(s).
- The total Gross Household income must not exceed the 2023 Core Need Income Thresholds for Lethbridge according to the Government of Alberta:

Municipality	2 Bedroom	3 Bedroom	4 Bedroom
Lethbridge	\$47,500	\$63,000	\$86,000

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- Copy of **Indigenous Status Card or Tribal Membership Card** for applicant and co-applicant.
- Copy of **Alberta Health Care Cards/Birth Certificates** for all household members (applicant/co-applicant/dependants)
- Most current **Notice of Assessment** for all adults in household – what Revenue Canada returns to you upon completion of your taxes.
- If you are **currently employed**, please provide your last 3 months of paystubs or a letter from your employer to verify employment.
- If you are **recently unemployed**, please provide your Record of Employment (ROE).
- If you receive **AISH or Social Assistance** benefits, please provide a copy of your income support Budge/Health Benefits Card with benefit amount.
- If you are receiving **Employment Insurance (EI)**, please provide your “My Current Claim page, accessible through My service Canada website to show your gross benefit amount.
- If you are receiving **Pensions**, please provide your pension confirmation letter(s) to verify or a 30- bank account statement (unaltered deposits).
- If you are receiving benefits through the **Workers Compensation Board (WCB)**, please provide documentation.
- If you are a student at a post-secondary institution, please provide your **Student Finance “Notice of Assessment”** (Funding Allocation) or your student funding information from your Band or Alberta Works (Foundational Learning Assistance).
- If you receive **Federal or Provincial Benefits**, please provide verification from the Canada Revenue Agency (CRA).

Submit Applications to:

Blackfoot Family Lodge Society
 830 7 Street North
 Lethbridge, AB T1H 1Y7
 (403) 942- 2623
 Email: admin@bfls.org

SECTION ONE- APPLICANT & HOUSEHOLD INFORMATION

Applicant Information					
Name:				Todays date:	
Birthdate:	Age:	Gender:	Treaty #:	Phone:	Email:
Mailing address: (if different than current address)					
Marital Satus: Single married common law separated divorced widowed					

Co-Applicant Information					
Name:				Todays date:	
Birthdate:	Age:	Gender:	Treaty #:	Phone:	Email:
Mailing address: (if different than current address)					
Marital St atus: Single married common law separated divorced widowed					

Household Composition: Please List all individuals.

Full Name	Relationship to Applicant	Birthdate M/D/YY	Age	Gender	Employer or School Name
1.					
2.					
3.					
4.					
5.					
6.					

Do you or members of your household have a medical condition that could impact your need for housing?
 For example, is wheelchair accommodation a requirement? Yes No If yes, Please elaborate:

If the applicant is expecting a child, please state due date: _____
 (Once child is born we require Copy of AHC Card) MM/DD/YY

SECTION TWO – HOUSING INFORMATION

Current Housing Information				
<input type="checkbox"/> Rent	<input type="checkbox"/> Market Rent	<input type="checkbox"/> Hotel	<input type="checkbox"/> Institution	<input type="checkbox"/> Other
<input type="checkbox"/> Own	<input type="checkbox"/> Social Housing	<input type="checkbox"/> Shelter	<input type="checkbox"/> Homeless	
Move-in Date:	Number of Bedrooms:	Rent Amount:	Are Utilities Included?	Disconnect Notice? (If yes, please attach)
Have you received an eviction Notice? _____ If yes, for what date? _____ (Please attach Notice)		Have you given notice to vacate? If yes, for what date? _____		
Are you sharing your current dwelling with people not applying on this application? _____ If yes, indicate the number of people other than those listed on this application. Children: ____ Adults: ____				
Are you receiving a rent supplement? _____ If yes, what is the end date of the supplement?	Why do you wish to move? <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Relationship Breakdown <input type="checkbox"/> Financial <input type="checkbox"/> Overcrowded <input type="checkbox"/> Other _____			
Current Landlord Name: _____ Phone: _____ Email: _____				
Are your current living conditions accessible to your health needs? _____ If no, please explain: _____		Are your current living conditions affecting our health in any other way? (i.e., mentally, emotionally,) _____ If yes, please explain:		

Previous Housing Information	
Previous Address:	Dates of Occupancy From: _____ To: _____
Previous Landlord Information	
Name:	Phone: _____ Email: _____
Reason for Move:	

SECTION THREE – CURRENT INCOME AND ASSETS

Current Income		
Please provide the gross (before deductions) monthly income for all members of your household listed on the application.		
Source of Income	Applicant Monthly Amount	Co-Applicant Monthly Amount
Alberta Seniors Benefit (ASB)	\$	\$
Assured Income for the Severely Handicapped (AISH)	\$	\$
Canada Child Benefit (CCB) formerly Child Tax Benefit (CTB)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Child Support	\$	\$
Disability Benefit	\$	\$
Employment	\$	\$
Employment Insurance (EI)	\$	\$
Income Support/Social Assistance (SA) Alberta Works	\$	\$
Investment Income (RRIF/RRSP/TFSA/LIRA)	\$	\$
Other Income, please specify	\$	\$
Old Age Security (OAS) Guaranteed Income Support (GIS)	\$	\$
Partner/Spousal Support	\$	\$
Private Pensions or Annuities	\$	\$
Rental Income (from Investment Properties)	\$	\$
Self-employment	\$	\$
Student Loans/Grants	\$	\$
Support for Foster & Kinship Caregivers	\$	\$
Support from Family	\$	\$
Workers Compensation Board (WCB)	\$	\$

Assets – Enter the total amount for all household members on the application.		
Property Owned	Present value	Mortgage
	\$	\$
Cash/Money in Bank	\$	
Investment Income, Stocks, Bonds, Other – (please specify)	\$	

SECTION FOUR – OTHER INFORMATION

Vehicle (s)					
Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you own more than one vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Make	Model	Year	Monthly Payment	Estimate Value
Vehicle One					
Vehicle Two					

Support Worker (If Applicable)	
Name:	Phone:
Agency:	Email:

Please read through the following and sign below.

I/We understand that this application does not constitute an agreement on the part of Blackfoot Family Lodge Society or its agents to provide me/us with rental accommodation.

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

I/We hereby authorize you to make any inquiries you deem necessary to verify the facts contained herein by any method Blackfoot Family Lodge Society deems necessary, being fully aware that discovery of any false statements shall cancel any further consideration of any application.

I/We further agree that I/We am/are obligated to advise Blackfoot Family Lodge Society in writing of any changes in family composition, gross income, assets, employment or change of address, should they occur.

Applicant Signature

Witness Signature

Date

Co-Applicant Signature

Witness Signature

Date