

Studios Alberta Ltd. - Rental Application

Applying for housing in: ___ Ponoka ___ Olds ___ Drumheller ___ Vegreville ___ Three Hills

Applicant Information

Name:	Age:	Phone:
		Cell:
Contact Person if we cannot reach you:		Phone:
		Cell:

Current address:

Landlord:	Phone:
Town/City: Monthly Rent:	How Long?:

Reason for Leaving:

Previous address:

Landlord:	Phone:
Town/City: Monthly Rent:	How Long?:

Reason for Leaving:

Do you have funds to pay the Security Deposit without your current landlord returning your previous Security Deposit?

Yes No (Please circle) Please note that we require the Security Deposit and first month's rent prior to releasing a key

Employment Information

Are you employed? Yes No (Please circle)

Current Employer:	Address:
Phone: How Long?:	Monthly Salary:

If No, what is the source of income and amt received monthly?

AISH Information

Are you currently on AISH? Yes No (Please circle)

AISH Office:	Phone:
Worker:	Fax:

Will you agree to an assignment of AISH benefits to pay rent? Yes No (Please circle)

Public Trustee Information

Do you have a trustee? Yes No (Please circle)

Trustee Office:	Phone:
Name of Trustee:	Fax:

Guardian Information

Do you have a guardian? Yes No (Please circle)

Name:	Phone:
	Fax:

Community Support

Do you have a community support worker? Yes No (Please circle)

Office:	Phone:
Name:	Fax:

Emergency Contact

Name of a person not residing with you: Phone:

Relationship:

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
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FAX COMPLETED APPLICATION TO 1(888) 963-5698 or MAIL TO:

Studios Alberta Ltd.
Box 4692
Ponoka, AB T4J 1S4

CONSENT TO RELEASE OF INFORMATION

This is to confirm that I,

Last Name:	First Name:	Middle Name:	Date of Birth (yyyy/mm/dd)
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Consent to the disclosure of the following information:

- Any information pertaining to my rental agreement with Studios Alberta Ltd., pertaining to any matters related to third party payment of rent to Studios Alberta Ltd., or pertaining to my status as a tenant or future tenant of Studios Alberta Ltd.

This information is to be released by:

- AISH
- Office of the Public Trustee
- My mental health care worker or community support worker

And is to be provided only to:

Studios Alberta Ltd., its owners and managers

For the purpose of:

- Setting up third party payments, and for verification of third party payments having been made
- Discussing issues of tenancy and problem-solving for solutions

I understand why I have been asked to disclose my information, and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my information. I understand that I may revoke this consent in writing at any time.

Collection, use, disclosure, security and retention of information is subject to and in compliance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions in regards to the collection of this information, please contact Studios Alberta Ltd.

Applicant/Legal Guardian (print)

Applicant/Legal Guardian (signature)

Date (yyyy/mm/dd)

Witness (print)

Witness (signature)

Date (yyyy/mm/dd)