



Wood Buffalo Housing
Affordable Home Ownership Program
ANNUAL REVIEW

RETURN COMPLETED ANNUAL REVIEW TO:

9011 – 9915 Franklin Avenue
Phone: 799-4035
Fax: 799-4025

OWNER INFORMATION

NAME:	_____	_____
	<i>LAST NAME</i>	<i>FIRST NAME</i>
NAME OF CO-OWNER/ SPOUSE:	_____	
CURRENT ADDRESS:	_____	
		<i>APT. #</i>
	_____	<i>Postal Code</i>
	<i>City</i>	
PHONE:	_____	_____
	<i>Home</i>	<i>Business</i>
EMAIL:	_____	_____
	<i>Email</i>	<i>Signature</i>
	<i>(By signing, I authorize WBH to use my email address for personal & general communications)</i>	
EMERGENCY CONTACT:	_____	_____
	<i>Name</i>	<i>Phone Number</i>
CURRENT MARTIAL STATUS: (Check One)	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law	
IF COMMON LAW OR SEPARATED – HOW LONG?	_____	

NAMES OF ALL PERSONS WHO LIVE IN ACCOMMODATION	RELATIONSHIP TO HEAD	AGE	BIRTH DATE M/D/Y	OCCUPATION OR SCHOOL
	Self			

EMPLOYMENT INFORMATION

NOTE: All information regarding your family's income must be complete and accurate. Provide details of employment held in the last twelve (12) months beginning with the present or most recent employer. *It is a criminal offence to withhold or falsify information, and fraud charges may be laid. Unreported income or assets may lead to prosecution.*

HEAD OF HOUSEHOLD: _____
Last Name
First Name

SOCIAL INSURANCE NUMBER: _____ DATE OF BIRTH: _____

COMPANY NAME	ADDRESS	EMPLOYED FROM/TO	RATE OF PAY MONTHLY/ HOURLY	HOURS PER WEEK

CO-OWNER/SPOUSE:

Last Name

First Name

SOCIAL INSURANCE NUMBER: _____

DATE OF BIRTH: _____

COMPANY NAME	ADDRESS	EMPLOYED FROM/TO	RATE OF PAY MONTHLY/ HOURLY	HOURS PER WEEK

OTHERS WORKING IN HOUSEHOLD:

NAME:

Last Name

First Name

SOCIAL INSURANCE NUMBER: _____

DATE OF BIRTH: _____

COMPANY NAME	ADDRESS	EMPLOYED FROM/TO	RATE OF PAY MONTHLY/ HOURLY	HOURS PER WEEK

NAME:

Last Name

First Name

SOCIAL INSURANCE NUMBER: _____

DATE OF BIRTH: _____

COMPANY NAME	ADDRESS	EMPLOYED FROM/TO	RATE OF PAY MONTHLY/ HOURLY	HOURS PER WEEK

ATTACH ANY ADDITIONAL INFORMATION FOR EACH INDIVIDUAL OVER THE AGE OF 18 YEARS OLD LIVING IN THE HOUSEHOLD

ELIGIBLE DEDUCTIONS:

1) Please choose ONE of the following:

CHILD ALLOWANCE:

a) For children residing with you: \$3,000.00 per child - maximum of three (3). *Cannot be combined with childcare allowance.*

of children

X \$3,000.00

**TOTAL
DEDUCTION
CLAIMED**

(max \$9,000.00)

OR

b) Child Support Payments - up to \$4,000.00 per child - maximum of three (3). *Proof of payment required.*

of children

X \$4,000.00

(max \$12,000.00)

OR

CHILD CARE ALLOWANCE:

Up to \$12,000.00 per child - maximum of three (3). *Cannot be combined with Child Allowance. Receipts from licensed daycare provider required.*

of children

X \$12,000.00

(max \$36,000.00)

2) **STUDENT LOANS:**

Up to \$6,000.00 may be claimed. Proof of payment to a Canadian Educational Institution is required.

(max \$6,000.00)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Since the last income review submitted, I/we have **NOT** become insolvent or filed for bankruptcy or made an assignment or bulk sale of assets. True
 False
2. I/We have **NOT** allowed any person or body corporate to register a financial interest in the said property other than the first mortgage. True
 False
3. I/We have **NOT** repaid our first mortgage in full for the said property. True
 False
4. The property for which this income review is being submitted is my/our principal residence and I have continuously resided on this property for at least 11 out of the last 12 months. I have **NOT** leased the property to any other person(s) as the primary occupant or resident. True
 False
5. I/We are **NOT** in default of the terms and conditions of the first mortgage registered against title on the property. True
 False
6. I/We have maintained appropriate insurance coverage on the property for which this income review is submitted.
(Please be sure to submit an up-to-date certificate of insurance with your income review for our files). True
 False
7. Do you participate in any other purchase or mortgage assistant plans with your employer? Yes
 No

If **YES**, please complete the following:

EMPLOYER: _____

DATE ASSISTANCE BEGAN: _____

Please attach details of the assistance being provided.

I authorize Wood Buffalo Housing & Development Corporation or its Agents to make any inquiries to my employer(s) or to any other source for the purpose of verifying facts herein stated.

I declare that the information contained in this application to be correct.

Owner's Signature

Co-Owner's Signature

Date

This Income Review Application MUST be completed and signed before it can be considered.

STATUTORY DECLARATION

CANADA)
PROVINCE OF ALBERTA) In the matter of this application for dwelling
TO WIT:) accommodation.

I/We, _____ of the City of

Fort McMurray, in the Province of ALBERTA, do solemnly declare as follows:

1. That I/we am/are the applicants(s) on the said application.
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects.

And I/we make this solemn Declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

DECLARED before me at the City)
of Fort McMurray, in the Province)
of Alberta this _____ day of _____) Owner
20____.)
Co-Owner

A Commissioner for Oaths in and for the
Province of Alberta

Printed Name of Commissioner for Oaths
My Commission Expires: _____