

TENANT INCOME QUALIFICATION FORM

S O R A H Project Ltd.

1. Information of Requested Property

Building:	Unit #:
Address:	# Bedrooms:

2. Primary Applicant Information

Current Address:	
Home Phone #:	Work Phone #:
Cell Phone #:	Email:

3. Household Composition

Member #	Last Name	First Name & Middle Initial	Relationship to Applicant	Siksika Member? (Yes/No)	Date of Birth MM/DD/YYYY	Occupation
1						
2						
3						
4						
5						
6						

Total Number of Adults Working Full-Time: _____

Total Number of Adults Working Part-Time: _____

4. Income (To be completed by adult household members only)

Names of Applicant and Co-Applicant(s):			
Are You Presently Employed? (Yes or No)			
If Yes, Name of Employer			
Phone # and Contact Person			
How long have you worked there?			
Direct Employment (i.e., salary, wages, including commissions, tips, bonuses, etc.):	\$	\$	\$
Self-employment or contracting (business or sales from self-employed resources):	\$	\$	\$

Support payments (e.g., Alberta Works, AISH, disability payments, etc.):	\$	\$	\$
Workers Compensation:	\$	\$	\$
Child Support and Alimony payments received:	\$	\$	\$
Student Grants and Allowances:	\$	\$	\$
Canada Pension Plan:	\$	\$	\$
Old Age Security:	\$	\$	\$
Guaranteed Income Supplement (seniors):	\$	\$	\$
Company or group pension:	\$	\$	\$
Veteran's benefits:	\$	\$	\$
Other:	\$	\$	\$
Total for Each Member:	\$	\$	\$
Household's Annual Gross Income: (combine total for each member x 12)	\$		

5. Other

If you are not employed or a student, what is your source of income and annual income?

Source of Income: _____

Annual Income: _____

Are you willing to help in the basic maintenance and upkeep of your suite? Yes _____ No _____

Is there anything else that we should know about you? _____

6. Declaration

By signing this form, you represent and warrant that the information you provided is true and accurate. You understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in your application being terminated or lease agreement cancelled.

Signature of Tenant	Printed Name of Tenant	Date