



INFORMATION SHEET

To maintain a safe, supportive, and sober environment all tenants must abide by the House Rules. The Resident Manager (RM) lives on site and is required to conduct random apartment inspections, report all activity, and maintain the cleanliness of the common area and the yard.

Orenda House is equipped with security cameras for front and back entrances (all footage is recorded and viewed), free laundry facilities, and a deck with a barbeque are available for tenants use.

Orenda is your home and as such we hope you will participate in keeping it clean and safe. We encourage you to report any concerns you may have as well as incidents you have witnessed that are in violation of the House rules. All reported incidents are strictly confidential and will not be shared with other tenants.

- We are an Alcohol and Drug free environment.
- Guests are not allowed in the building after 11:00 p.m. and the resident manager must be notified of all overnight guests.
- Your guests are your responsibility and as such you are responsible to ensure they respect Orenda House rules.
- The laundry facility is on a scheduled basis.
- Apartment inspections are mandatory.
- Notice to add an applicant – please be advised all applicants must submit their own application this does not guarantee they will be accepted.
- 3rd party payment where applicable.
- We do not tolerate violence in the event a violent situation arises we will contact the police and when required for the safety of children we will contact Children Services Crisis Line. All offenders will be banned from Orenda House.
- Tenant meeting are mandatory.
- All tenants are expected to participate in meaningful daily activities after the first month of tenancy.



Orenda House
Intake Application Form

PLEASE FOLLOW DIRECTIONS
COMPLETE ALL SECTIONS FULLY. PLEASE PRINT CLEARLY. USE INK ONLY.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

If someone helped you fill out the application please indicate who this was.

Name: _____ Relation: _____

Please explain why? _____

Please make sure that your writing is neat to ensure we get all your information correct.

Should you move, change your home phone or cell number please call Orenda House at 780-482-1070 with your changes as soon as possible.

Please complete entire form; if you do not know the answer to a question please use the word "UNKNOWN".

If the question does not apply to your please use "N/A" (NOT APPLICABLE)

If you are under the age of 18, then please have your parent(s) or legal guardians complete the last page; if you are 18 years of age or over this does not apply to you.

IMPORTANT: Before you continue with this application please read the Orenda House information Sheet attached to this application to ensure this is the right housing for you.

By signing this section I am agreeing that all information given is the truth to the best of my knowledge and I agree to the terms and conditions at Orenda House. Any information given which is untrue will terminate my intake application to the Orenda House .

Print Name: _____

Signature: _____

Date: _____

Inquiries regarding Orenda House may be emailed to orenda@bentarrow.ca



Orenda House

Intake Application Form

COMPLETE ALL SECTIONS FULLY. PLEASE PRINT CLEARLY. USE INK ONLY.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

- I have read the Orenda House terms and conditions
- I am willing to reside at Orenda and follow the terms and conditions

APPLICANT CONTACT INFORMATION

Today's Date: (YYYY/MM/DD)

First Name:

Last Name:

Current Address (including Apt#, Street, P.O. Box #)

How long have you lived at this residence?

City:

Province:

AB

Postal Code:

Previous Address if less than 6 months:

City/Town:

Province:

Postal Code:

Telephone Number:

Alternate Number:

Cell Number:

Email Address:

What is your preferred method of contact:

- TELEPHONE ALTERNATE # CELL EMAIL MAIL

Date of Birth: (YYYY/MM/DD)

Social Insurance Number:

Alberta Healthcare Number:

Marital Status:

- SINGLE MARRIED COMMON-LAW SEPERATED/DIVORCED WIDOWED

Name of Common-Law/Husband:

IF YOU HAVE A BOYFRIEND/GIRLFRIEND/HUSBAND WHO WILL BE MOVING IN WITH YOU PLEASE HAVE HIM/HER FILL OUT A SEPARATE APPLICATION (BENT ARROW WILL PUT THE 2 TOGETHER AS ONE APPLICATION)

Number of children in your care:					Ages:									
0	1	2	3	4	5	6	7	MORE	-----	-----	-----	-----	-----	-----
How many children in care? -----														
Do you have a Children Services Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO														
Can we contact them? What is their number? <input type="checkbox"/> YES <input type="checkbox"/> NO														
Ancestry: <input type="checkbox"/> TREATY <input type="checkbox"/> NON-STATUS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/> OTHER														
Are you a member of a Band of Metis settlement, if yes, please state which one:														
Are you on Social Assistance: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I HAVE AN APPLICATION BEING PROCESSED <input type="checkbox"/> OTHER (AISH/ EI/YOUTH IN CARE,ETC)														
If YES, who is your Social Worker:							What is their contact number:							
Which district office: <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> CENTRAL <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____														
If NO, how will you pay rent and security deposit?							If OTHER what is your source of income:							
What is your monthly income:														
EDUCATION HISTORY														
Last grade level completed:							Year completed: (YYYY/MM/DD)							
Location:														
Do you have any plans of returning to school: <input type="checkbox"/> YES <input type="checkbox"/> NO														
If yes, when, and what would you take and why:														
Do you struggle with reading: <input type="checkbox"/> YES <input type="checkbox"/> NO							If yes, please explain:							
Do you struggle with writing: <input type="checkbox"/> YES <input type="checkbox"/> NO							If yes, please explain:							

If you were to go back to school would you be able to obtain funding again:
 YES NO

If yes, please explain:

TRAINING HISTORY

Do you have any computer skills: <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a resume: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Do you have any of the following certificate training:
 FIRST AID/CPR WHMIS TDG FLAG PERSON H2S ALIVE CONFINED SPACES

Have you taken any of the following:
 UPGRADING DIPLOMA DEGREE APPRENTICESHIP SPECIFIC COURSE OTHER

If other, please list:

If yes, what was your source of funding:

Have you been to previous training programs:

If yes, when and where:

List all in the past year:

EMPLOYMENT HISTORY

Are you able to work: <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO please provide a reason:
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Please list the 3 most recent jobs(s) you have had:

Position:	Start Date: (YYYY/MM/DD)	End Date: (YYYY/MM/DD)
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FULL TIME PART TIME CASUAL SEASONAL

Reason for leaving:

Position:	Start Date: (YYYY/MM/DD)	End Date: (YYYY/MM/DD)
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FULL TIME PART TIME CASUAL SEASONAL

Reason for leaving:

Position:	Start Date: (YYYY/MM/DD)	End Date: (YYYY/MM/DD)
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FULL TIME PART TIME CASUAL SEASONAL

Reason for leaving:

Are you on E.I. (Employment Insurance):
 YES NO

If yes, when did you go on E.I.:

Why did you go on E.I.: (YYYY/MM/DD)

If someone were to ask you what your three choices of employment would be, what would you say:

Are there any issues that would keep you from staying in a program, attending school or finding employment. Please explain:
 ALCOHOL DRUGS PERSONAL ISSUES OTHER _____

Do you require childcare: <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have alternate childcare: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Is there a possibility that you are pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when is your expected due date: (YYYY/MM/DD)
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VOLUNTEER EXPERIENCE

Position:	Agency	Year
Position:	Agency	Year

CRIMINAL HISTORY

The following information is kept strictly confidential in accordance with the "FOIP" Act (Freedom of Information and Privacy Act) and only the Bent Arrow Staff associated with the program will have access to your information.

The information you share will not be determine your tenancy, instead it assists us in supporting you to the best of our ability.

Do you have a criminal record: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes what where the charges and how were they addressed?
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Do you have any court dates in the near future:
 YES NO

If yes, when and where are you to go: (YYYY/MM/DD)

What were your charges:

DRUG AND ALCOHOL HISTORY

Do you use drugs: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how often do you use drugs? How many times a week: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> 5+	If yes, how often do you use drugs? How many times a month: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> 5+
Do you use alcohol: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how often do you use alcohol? How many times a week: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> 5+	If yes, how often do you use alcohol? How many times a month: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> 5+

If yes, does this create a problem for you and what sort of problems? Please explain:

What is your history with Alcohol and/or Drug use and how did you address it?

Are there drug and alcohol concerns with your friends or family? YES NO

If yes are you willing to set up boundaries with them while you reside at Orenda? YES NO

ACCOMODATION HISTORY (RENTAL HISTORY)

When was the last time you had stable accommodations: (YYYY/MM/DD)

Where: Full Address (including Apt#, Street, P.O. Box #, City, Province, Postal Code)

Are you presently on the waiting list for subsidized housing:

YES NO

Which of the following are barriers preventing you from maintaining a home?
 Please check all that apply:

BUDGETING INCOME LACK OF EDUCATION PARENTING ADDICTION ISSUES

LACK OF EMPLOYMENT LIFE SKILLS FAMILY INTERFERENCE CHILDREN ARE IN CARE

HOUSEKEEPING SKILLS INABLILITY TO SAY NO DAMAGE DEPOSIT ABUSIVE SPOUSE

OTHER

If other, please list:

Orenda provides supportive programming that will require you to attend 1x per week for Life Skills and 2x a month for Cultural Programming. Are you willing to participate:

YES NO

The Resident Manager provides on site support and conducts apartment inspections on a weekly basis are you open to apartment inspections:

YES NO

COMMUNITY SUPPORT

Please check all the Community Supports you have accessed within the past 6 months:

- FOOD BANK FAMILY SUPPORTS CLOTHING HEALTH CLINIC
- COLLECTIVE KITCHENS HEAD START FOOD CO-OPS PARENTING PROGRAMS
- EMPLOYMENT PROGRAMS COATS FOR KIDS COUNSELLING CHURCH
- FEE REDUCTION PROGRAM ELDERS CULTURLA SUPPORTS SPORT CENTRAL
- DAYCARE DAYCARE SUBSIDY WOMAN'S GROUP SUPPORTS MEN'S GROUP SUPPORTS
- OTHER

If other, please list:

"Never losing sight of who we are or where we're going"

THANK YOU! 😊