



ALBERTA HOUSING RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

GENERAL & CONTACT INFORMATION

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

CONTACT: _____

PHONE #: _____

POSITION: _____

OTHER PHONE #: _____

ADDRESS: _____

EMAIL: _____

1. When was your organization first established? _____
2. Is your organization registered as a not-for-profit entity? Yes No

LIABILITY SECTION

1. Have there been any changes in operations? Yes No
 - a. If yes, please provide details: _____

2. Description of regular operations: _____

3. Annual Revenue: \$ _____
4. Annual Payroll: \$ _____
5. Total number of units: _____
6. Do you employ any healthcare professionals including, but not limited to, doctors, nurses, EMTs, paramedics, social workers, councilors? Yes No
 - a. If yes, please complete the attached healthcare questionnaire.

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE