



(Date Received: _____)

CONFIDENTIAL APPLICATION FOR ACCOMMODATION

Complete Application and return to the lodge/apartment applying for.

*Please Note: Failure to complete application in its entirety will result in a delay in processing.

LOCATION APPLYING FOR

LODGE LIVING:

- Clover Bar Lodge
- Dr. Turner Lodge
- Silver Birch Lodge

SELF-CONTAINED APARTMENTS

- Apple Blossom Manor
- Dr. T.W.E. Henry House
- Homestead Place, Josephburg
- Lakeside Legion Manor
- Fort Lions Haven
- Silver Birch Manor

PERSONAL INFORMATION

APPLICANT

- Mr. Mrs. Miss Ms.

Name: _____ Phone #: _____
(Last) (First)

Address: _____
(Street/Box/Apartment) (Town/City) (Province) (Postal Code)

Birth Date: ____/____/____ Alberta Health Care #: _____
Day Month Year

Are you a: Canadian Citizen Landed Immigrant Other (specify) _____

CO-APPLICANT (IF APPLICABLE)

- Mr. Mrs. Miss Ms.

Name: _____ Phone #: _____
(Last) (First)

Address: _____
(Street/Box/Apartment) (Town/City) (Province) (Postal Code)

Birth Date: ____/____/____ Alberta Health Care #: _____
Day Month Year

Are you a: Canadian Citizen Landed Immigrant Other (specify) _____

Marital Status: Married Widowed Single Divorced Separated

Do you own a vehicle: Yes No If no, what method of transportation do you use?

Taxi Bus/Handibus Family Volunteers

NEXT OF KIN/EMERGENCY CONTACT

If we are unable to contact you, should the need arise, we will contact your next of kin.

Name: _____ Relationship: _____

Home phone: _____ Email: _____

Address: _____ Postal Code: _____

Name: _____ Relationship: _____

Home phone: _____ Email: _____

Address: _____ Postal Code: _____

FACILITY PREFERENCE

First Choice: _____ Second Choice: _____

Why are you applying for Seniors Housing? _____

Have you ever had accommodation with Heartland Housing Foundation? Yes No

If yes, reason for leaving: _____

CURRENT ACCOMMODATION

Is your current accommodation: Owned Rented

Type of accommodation: House Apartment w/elevator Apartment w/o elevator

Lodge Hotel/Motel

If renting, the name of your present landlord: _____ Phone #: _____

Rent or house payment: \$ _____/month Do you pay: Power Water Gas

Rooms: Kitchen Living Room Dining Room # of Bedrooms _____
 # of Bathrooms _____

Number of person(s) sharing your present accommodation: _____ Adults _____ Children

Number of person(s) sharing the: _____ kitchen _____ bathroom _____ bedroom

How long have you lived at your current address? _____ months _____ years

PLEASE CHECK IF YOU ARE RECEIVING ANY OF THE FOLLOWING SERVICES:

- D.A.T.S/S.C.A.T.S Occupational Therapy Medical Alert System
- Bathing Meals on Wheels Physio Therapy
- Day Program Private Care (give contact name) _____
- Mental Health Services (give contact name) _____
- Home Care (give Home Care Co-ordinator's name) _____
- Social Assistance/A.I.S.H Worker (give contact name) _____
- Other (specify) _____

MONTHLY INCOME

All income must be verified upon acceptance as a tenant. Please provide a copy of your most recent income tax notice of assessment.

INCOME (CURRENT MONTHLY)	APPLICANT \$	CO-APPLICANT \$
Old Age Security and Guaranteed Income Supplement		
Alberta Seniors Benefit Program		
Spouse Allowance		
Canada Pension Plan		
Company Pension		
Employment Income		

Social Assistance		
Other Income (Specify)		

INVESTMENTS/ASSETS	VALUE \$	INTEREST/INCOME (MONTHLY) \$	INTEREST/INCOME (YEARLY) \$
Chequing/Savings Accounts			
R.R.S.P/R.R.I.F			
Term Deposits/GIC's			
Bonds (Canada Savings/Alberta Bonds)			
Annuities			
Rental Properties			
Other Investment Income			
House			
Cottage/Vacation Home			
Recreational Vehicles			
Other (specify)			

Name of your Employer: _____ Phone # _____

ACTIVITIES OF DAILY LIVING

Do you complete? Vacuuming Washing Floors Dusting Laundry Yard Care

If no to any of the above, describe how they are completed _____

Do you prepare your own meals? Yes No If no, describe _____

How do you manage your medication? Vials Dosette Blister Pac

Is it satisfactory? Yes No Do you receive assistance from Home Care? Yes No

If yes, describe _____

What are your special interests/hobbies? _____

How often do you attend activities/functions outside of your home?

At least once per week Once every 2 weeks Once per month Rarely

Do you require accommodation adapted for a special need (example: walker, wheelchair, scooter, etc)? Yes No If yes, please describe _____

APPLICANT’S ACKNOWLEDGMENT

I understand that this is an application and not an agreement on the part of Heartland Housing Foundation to provide me with rental accommodation.

I further acknowledge the right of Heartland Housing Foundation, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize Heartland Housing Foundation to investigate all the statements made in this application, being aware that discover of any false statement may cancel any further consideration of this application.

I further agree that I am obligated to advise Heartland Housing Foundation, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I understand that this information is being collected under the authority of the Freedom of Information and Protection of Privacy Act (32-C) and is required for the purpose of administering a housing program. Any questions or concerns should be directed to the FOIP Coordinator at Heartland Housing Foundation.

I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Commissioner of Oath

Signature of Applicant

Printed Name of Commissioner for Oaths

My appointment expires on: _____
Day/Month/Year



FOR OFFICE USE ONLY

Accepted/Refused _____

Date of Move-In _____