

Application for Lodge Living – Seniors

Thank you for considering a Heartland Housing Foundation (HHF) community as place to call home. This form will help you decide if living in an independent lodge meets your needs and what the steps are for applying. If you have questions, please see the contact information for lodges below.

WHAT IS INDEPENDENT LIVING WITH SUPPORTS?

Our lodges offer rooms, meals, housekeeping, and recreational opportunities for seniors over the age of 65 who can manage most daily tasks with or without support from community-based services (functionally independent). Our lodges include affordable rent-gearred-to-income and near-market options.

WHO IS ELIGIBLE TO APPLY?

- 65 years or older
- A Canadian citizen, Permanent Resident, individual(s) sponsored by the Government of Canada, individual(s) who has applied for refugee status or a Ukrainian evacuee who has arrived in Alberta through the Canada-Ukraine Authorization for Emergency Travel Program (CUAET).
- Functionally independent with or without community-based services (e.g. homecare).

WHAT ARE THE STEPS TO FINDING YOUR NEW HOME?

Step 1 – Explore Your Options

You can find information about all supportive and independent living options on our website. Virtual tours, photos, and amenity details are available by visiting: www.heartlandhousing.ca.

Step 2 – Completing the Application

- Complete the application (starting on page 2) and include:
 - Proof of income – Income Tax Notice of Assessment (NOA).
 - o A copy of your NOA can be downloaded from your online CRA account or may be requested by calling the Canada Revenue Agency: **1-800-959-8281**.
 - Proof of Alberta Seniors Benefit (if applicable)

Step 3 – Submitting Your Application

- Mail, email, or drop off your application at your preferred lodge listed below.

Locations		
<p>Clover Bar Lodge 1040 Iris Evans Way Sherwood Park, AB T8H 2X5 PH: (780) 467-7360 FAX: (587) 456-0565 cbl@heartlandhousing.ca</p>	<p>Silver Birch Lodge & Haven 914 Bison Way Sherwood Park, AB T8H 2C4 PH: (780) 400-3600 FAX: (780) 467-7018 sbl@heartlandhousing.ca</p>	<p>Dr. Turner Lodge 9422 - 94 Avenue Fort Saskatchewan, AB T8L 0T7 PH: (780) 998-3321 FAX: (780) 998-0352 dtt@heartlandhousing.ca</p>

Step 4 – Processing Your Application

All applicants will be contacted upon receipt of their application within 5 business days. A staff member will collect any missing information and if you are eligible, set up a time at your preferred location to meet and learn more about you.

Step 5 – Application Review Meeting

This in-person meeting will give you further insight to your preferred location and help ensure it meets your wellness needs and level of independence. Approved applications are prioritized based on need (e.g. housing need, risk level, degree of independence, and income).

An applicant who has a higher level of need will be offered accommodation or prioritized higher on our waitlist(s). To better understand your needs, our staff may reach out to your preferred health or social support contacts that you provide in section 4.

A. SELECT YOUR PREFERRED LOCATION(S)

- **Affordable-RGI Lodges** – Rent Geared to Income (RGI) rent based on 30% of the household’s gross monthly income plus a service package fee (meals, housekeeping, recreation, and 24-hour non-medical staff support) and oversized room fee as applicable.
 - Waitlists are priority scored based on need (e.g. housing need, risk level, degree of independence, and income) as per Social Housing Accommodation Regulations.
 - **Near-Market Lodge** – Fixed rental rates are set annually at least 10% below market rates for similar programs. The rent includes a service package (meals, recreation, and 24-hour non-medical staff support). Services such as housekeeping are considered optional and incur an additional fee.
 - Waitlists are not priority scored and are available on first-come-first-served, based on the application date.
- Silver Birch Haven – **Near-Market** (Sherwood Park)
- Silver Birch Haven – **Affordable-RGI: Studio units only** (Sherwood Park)
- Silver Birch Lodge – **Affordable-RGI** (Sherwood Park)
- Clover Bar Lodge – **Affordable-RGI** (Sherwood Park)
- Dr. Turner Lodge – **Affordable-RGI** (Fort Saskatchewan)

B. APPLICANT INFORMATION

Assistance with Application (if applicable)	
If someone assisted you in filling out this application, please provide their contact information. By providing these details, you give HHF permission to discuss information included in this application with this person on your behalf.	
Name:	Relationship:
Email:	Phone #:

SECTION 1: Contact Information

Do you have a co-applicant you are applying with? Yes No
 If **YES**, please enter their information in this column.

Primary Applicant

Co-Applicant

Legal Name First: _____ Last: _____

Pronouns Female (she/her) Male (he/him) Other (please provide) _____

Date of Birth (D/M/Y) _____

Citizenship Status Canadian Citizen Permanent Resident Other _____

Primary Phone # _____

Phone # Type Home Work Mobile

Primary Email _____

SECTION 2: Current Accommodation

CURRENT ADDRESS

Dates of Occupancy (MM/DD/YYYY – MM/DD/YYYY):

- 1. **Is your current accomodation:** Owned Rented
 Temporary (staying with relatives) Other (Specify) _____

**If you currently do not have a permanent address (e.g. live in a hotel or staying with relatives), this will be considered when assessing your priority score.*

2. **If renting, please fill out the additional Consent to Landlord Reference Check form.**

3. ***Have you received a Notice to Vacate?** Yes No

**This question helps us determine your housing need when assessing your priority score. If you answered yes, please include a copy of the Notice to Vacate in your application.*

SECTION 3: Income Information

To verify your household's total income:

- Please submit your most recent **Income Tax Notice of Assessment (NOA)** from Canada Revenue Agency showing the amount on Line 15000.
- To ensure you are receiving all eligible benefits, double check that you are receiving everything you qualify for. These may include Old Age Security, Guaranteed Income Supplement, Alberta Seniors Benefit, Social Assistance, Canada Pension Plan, or the Veteran Affairs Benefit.
- If you currently receive Alberta Seniors Benefit, please include a copy of your payment stub or letter with your application as this will help influence your priority score.

	PRIMARY APPLICANT	CO-APPLICANT
Line 15000 of most recent NOA	\$ _____	\$ _____

SECTION 4: Authorization for Release of Information

Please list one or more of your preferred health or social support contacts that you authorize HHF to contact to determine your eligibility and functional independence for seniors housing. These may include but are not limited to, your home care nurse, current housing provider, or social worker. You are not required to list two contacts – but please list at least one.

1.	Name:	Title:
	Business Name:	Phone #:
2.	Name:	Title:
	Business Name:	Phone #:

I, _____, authorize the collection and disclosure of information regarding my health and social needs between Heartland Housing Foundation and my health care professionals, social workers, and designated contact person to determine my eligibility for housing. This authorization will remain valid from this date forward unless revoked by me in writing.

(Signature of Primary Applicant)

(Signature of Co-Applicant)

C. HOW DID YOU HEAR ABOUT US?

- Website/Online Search
 Brochure
 Family & Community Services
 Current HHF Resident
 Newspaper
 Facebook or Social Media
 Other _____

D. APPLICANT'S DECLARATION & CONSENT

The application cannot be processed if it is not authorized by both applicants (if applicable).

1. I/we authorize HHF to make any inquiries necessary to any government office organization, agency, or individual for the purposes of verifying the information provided in this application.
2. I/we authorize HHF to contact and receive information from current and/or previous landlords to complete reference checks for the purposes of assessing suitability as a prospective tenant.
3. I/we understand that this personal information is being collected under the authority section 33(c) of the Freedom of Information and Protection of Privacy Act. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with Alberta privacy legislation and can be reviewed or corrected upon request.
4. Questions regarding the collection of personal information can be directed to the FOIP Coordinator at Heartland Housing Foundation by phone at 780-400-3500 or by email at info@heartlandhousing.ca.
5. I/we understand that:
 - This application is not an agreement on the part of HHF to provide me/us with housing.
 - Failing to respond to requests by HHF for additional information of documentation may result in the application being cancelled.
 - Providing false information to HHF may result in the application being cancelled or no longer being eligible for services.
 - If I/we are being considered for an available unit, HHF may need additional information to make my/our information up to date and ensure that our household still qualifies.
 - It is my/our responsibility to keep HHF updated with any changes to my/our household circumstances including but not limited to changes in contact information, address, household composition, or income.

(Signature of Primary Applicant)

(Signature of Co-Applicant)

(Date)

E. ADDITIONAL CONSENT

1. I/we authorize HHF to contact me for statistical purposes. All information will remain anonymous, and I/we can decline participation at any time.
2. I/we agree to correspond with HHF through email, and hereby:
 - Authorize HHF to communicate with me/us by email for any correspondence, requests for information, or any other documents as necessary,
 - Understand that this authorization remains in effect unless cancelled in writing,
 - Understand that I may cancel this authorization in writing at any time which may affect the timeliness of any updates to my application, and
 - Understand that email is not a secure form of communication and interception by a third party is possible, and that the confidentiality of any email message cannot be ensured.

(Signature of Primary Applicant)

(Signature of Co-Applicant)

(Date)

FOR OFFICE USE ONLY

Reviewed By: _____ Title: _____ Initials: _____

Application Incomplete Reason(s) _____

Application Accepted Application Ineligible - Reason(s) _____

Applicant contacted on (date): _____ Support Services Recommended to Applicant (if applicable)