



APPLICATION INFORMATION

Eligibility:

Applicants must be:

- 65 years of age or older.
- Applicants' underage may be considered, at the management's discretion.
- Able to live independently.
- Within the core need income threshold established by the Provincial government. This would be an annual gross income of \$39,000 or less for a one-bedroom suite.

Applicants may be interviewed as part of the approval process.

Rental Rates:

Rent is based on 30% of the total gross household income, or a market rental rate per month, whichever is less. In addition, tenants are responsible for the following charges monthly:

	Beaupre Court	Highview Haven	Lakeview Manor	Seeley Manor	Sunnydale Manor	Tri Lakes Manor	Westwind Manor	Woodland Villa
Market Rent	\$750	\$800	\$750	\$750	\$800	\$750	\$800	\$900
Power	Metered	Metered	\$50	Metered	Metered	Metered	\$50	\$50
Cable	\$38	\$38	\$38	\$38	\$38	\$38	\$38	\$18
Parking	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10

Damage Deposit:

All tenants will be required to pay a damage deposit equal to their first month's basic rent (calculated RGI) upon moving into their apartment. Upon vacating the premises it will be refunded in full, less cleaning or repair charges as required.

Application Form:

All applicants must complete an application form and have it signed in the presence of a Commissioner for Oaths. A medical form must also be completed. All applicants are required to provide a current income tax Notice of Assessment and income tax return information in order to verify their income.

LAC STE ANNE FOUNDATION APPLICATION FOR ACCOMMODATION

All of the information on the Application for Accommodation Form is collected in order to determine eligibility for senior's subsidized housing with the Lac Ste Anne Foundation Management Agency in accordance with the Freedom of Information & Protection of Privacy Act.

Please review the following information, regarding the completion of this application.

- 1) Complete all questions and supply **ALL** of the required information. If a question does not apply to you, mark N/A in the section.
- 2) You will be required to provide a current income tax Notice of Assessment to verify your income and a Medical Form completed by your doctor.
- 3) Your completed application must be signed in the presence of a Commissioner of Oaths in and for the Province of Alberta. This service is provided at our main office, free of charge, by appointment. Please call 780-786-3100
- 4) The applicant is required to sign this form in five (5) places.
- 5) Incomplete applications will not be processed.
- 6) All information on this application is confidential.
- 7) Applicants may be interviewed as part of the approval process.

Please number in order of preference which building(s), you are applying for:

- _____ Beaupré Court – 5127 47 Avenue, Onoway
- _____ Highview Haven – 4416 48 Street, Mayerthorpe
- _____ Lakeview Manor – 406 55022 Ste Anne Trail, Gunn
- _____ Seeley Manor – 5136 47 Avenue, Onoway
- _____ Sunnysdale Manor – 4702 54 Street, Mayerthorpe
- _____ Tri-Lakes Manor – 54219 Hwy 765, Darwell
- _____ Westwind Manor – 5133 53 Avenue, Sangudo
- _____ Woodland Villa – 4503 52 Avenue, Whitecourt

1. Applicant's Name: _____
(Last Name) (First Names)

Date of Birth: _____
Day/Month/Year

Please note: Applicant must be least 65 years of age. Applicant's underage may be considered, at the management's discretion

2. Co-Applicant's Name: _____
(Last Name) (First Names)

Date of Birth: _____
Day/Month/Year

3. Are all members listed above Canadian Citizen? Yes No
If no, provide copies of immigration papers for members who are not Canadian Citizens.

4. Present Address: _____
(PO Box/ Apartment No./Street)

_____ Phone number: _____
(City/Town/Village)

5. If you are on Social Assistance, please state the name and office address of your Social Worker.
Name: _____ Address: _____
6. INCOME – All members of the household applying for housing are required to provide the most recent “Notice of Assessment “ from Canada Revenue Agency to confirm income. Please check off which sources of income you receive.

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Old Age Security & Guaranteed Income Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Alberta Seniors Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Spouse Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>
Company Pension	<input type="checkbox"/>	<input type="checkbox"/>
War Veterans Allowance	<input type="checkbox"/>	<input type="checkbox"/>
War Disability Pension	<input type="checkbox"/>	<input type="checkbox"/>
Employment Income	<input type="checkbox"/>	<input type="checkbox"/>
Social Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other Income: Specify _____ (i.e. Interest Income)	<input type="checkbox"/>	<input type="checkbox"/>

If you did not complete an Income Tax Return, you are required to provide back-up documentation as confirmation of income. For example, bank statements or copies of cheque stubs.

7. Do you own or rent your present accommodation: Own Rent
- Present rent or house payment is \$_____ per month, plus \$_____ for heat and \$_____ for light, and \$_____ water and sewer.
- If renting, name of your present landlord: _____
Address: _____ Phone Number: _____
How long have you lived here? _____
- If less than five years, please list previous landlord:
Name of Landlord: _____
Address: _____
Phone Number: _____
How long did you live there? _____

By naming the individuals in question 7, the applicant consents to the release of information between Lac Ste Anne Foundation Management Agency staff and these individuals regarding the applicant's current or previous tenancies.

X _____
(Signature of Applicant)

8. Is your present accommodation a:
 House Townhouse Apartment Rooming House Hotel or Motel
 Other _____
9. Rooms in your present accommodation: Kitchen Living Room Dining Room
 Number of bathrooms: _____ Number of bedrooms: _____
10. Number of person(s) sharing your present accommodations: _____ Adults, _____ Children
11. Do you share any part of the accommodation with person(s) other than those listed on this application?
 Yes No
 If Yes, how many other person? _____ Number of adults: _____
 Number of children: _____ What part of the accommodation is shared?

 If you do not pay rent, do you contribute financially? Yes No
 If yes, specify: _____
12. Do you require a parking spot? Yes No
 (There is a parking fee charged for each vehicle on the premise)
13. Do you have a pet? Yes No
 If YES, what kind(s) and how many of each? _____
14. Reasons for wanting to move: _____

15. Have you been asked to vacate your premises? Yes No
 If yes, why? _____
16. Other information I wish to provide: _____

17. Please list at least 2 people who can be contacted in the event of an emergency. Please provide their names, relationship, physical address and daytime telephone number(s)

18. I have filled out the doctor verification that is attached: Yes No
 Family Doctor Name: _____ Address: _____ Phone: _____

By naming the individuals in questions 16, 17 & 18, the applicant consents to the release of information between Lac Ste Anne Foundation Management Agency staff and these individuals regarding the applicant's health, safety, well being and /or ability to maintain independent living.

X _____
(Signature of Applicant)

I hereby consent to the Lac Ste Anne Foundation Management Agency, or its agents to:

- To publish my name on the front entrance directory and on my door the following way:

_____ My first initial and last name

OR

_____ Occupied

I understand that this is just an application and that it is not an agreement for lease on the part of Lac Ste Anne Foundation Management Agency, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Lac Ste Anne Foundation Management Agency, or its agents, 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 Lac Ste Anne Foundation Management Agency, or its agents to investigate any or all of the statements made by me in this application, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree that I am obligated to advise Lac Ste Anne Foundation Management Agency, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

X _____
(Signature of Applicant)

(DOMINION OF CANADA, PROVINCE OF ALBERTA)

IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.

I, _____, of the _____, of _____ in the Province of Alberta, do solemnly declare as follows:

- 1. That I am the applicant named in this application.
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I have resided in the Province of Alberta for _____ years of my life and in the area for _____ years.

And 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 and by virtue of the "Canada Evidence Act."

Declared before me at the _____, in the Province of Alberta this _____ day of _____, 20____.

X _____
Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed name of Commissioner for Oaths

My Appointment expires on: _____
Month/Day/Year

**LAC STE ANNE FOUNDATION MANAGEMENT AGENCY
CONFIDENTIAL MEDICAL REPORT**

All of the information on this Medical Form is collected in order to determine eligibility for seniors subsidized housing with Lac Ste Anne Foundation Management Agency in accordance with the Freedom of Information & Protection of Privacy Act.

Name: _____ Date of Birth: _____

I, _____ hereby authorize my physician to release the medical information of this form to Lac Ste Anne Foundation Management Agency.

X _____
Signature of Applicant

Name of Examining Physician (Please Print): _____

Telephone Number: _____ How long has the applicant been your patient? _____

PHYSICAL EXAMINATION

Mobility: Walks without help _____ Walks with help _____ Uses wheelchair _____
Is there a communication difficulty? Yes No
If yes, please explain _____

ACTIVITIES OF DAILY LIFE

Is the applicant able to prepare his/her own meals? Yes No
Is the applicant able to do his/her own housekeeping as required? Yes No
Can the applicant manage his/her own personal hygiene? Yes No
Are there any concerns with incontinence? Yes No

INDEPENDENCE FACTORS

Does the applicant show any signs of dementia? Yes No
Does the applicant have a history of alcohol or substance abuse? Yes No

Has the applicant been diagnosed with any deteriorating physical or mental health medical condition(s) that may impair his/her ability to manage independently at present or in the near future? Yes No
If yes, please explain _____

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in an apartment building where no special care, nursing care, or special diets are available? Yes No
If no, please explain _____

DATE

DOCTOR'S SIGNATURE

Any charge for the completion of this form is the responsibility of the applicant. This certificate is valid for six months only. Please return this form to the following address via mail or fax:

**Lac Ste. Anne Foundation
Box 299, Mayerthorpe, AB T0E 1N0
Fax: 780-786-4810**