



Box 299 Mayerthorpe AB T0E 1N0
 Tel: (587) 991-2471 or (780) 786-3100
 Fax: (780) 786-4810
 E-mail: ilmanager@lsaf.ca

Lac Ste. Anne Foundation Senior Independent Living Application

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 \$35,500 or less for a one-bedroom suite.
- Applicants will 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.

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 (in ink), and supply **ALL** of the required information. If a question does not apply to you, mark N/A in the section. Do not write in the shaded areas marked 'office use only'. Do not leave any blanks.
- 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 and co-applicant are required to sign this form.
- 5) YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETED IN FULL AND ALL REQUIRED SUPPORTING DOCUMENTATION AND VERIFICATION IS ATTACHED
- 6) All information on this application is confidential.
- 7) Applicants will be interviewed as part of the approval process.
- 8) Please read the instructions carefully before completing the application form. If you have any questions, contact the Independent Living manager at the telephone number listed above. Once your application is complete, please phone to book an appointment for an interview.

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 |
| _____ | Sunnydale Manor – 4702 54 Street, Mayerthorpe |
| _____ | Tri-Lakes Manor – 54219 Hwy 765, Darwell |
| _____ | Westwind Manor – 5133 53 Avenue, Sangudo |
| _____ | Woodland Villa – 4503 52 Avenue, Whitecourt |

NOTE: THERE IS CURRENTLY A WAITING LIST FOR THE SENIOR INDEPENDENT LIVING PROGRAM. WE DO NOT OFFER EMERGENCY HOUSING.

Information to be submitted with the Application Form:

(Do not include original documents; please provide photocopies only.)

- Government-issued photo identification** (Photo I.D.) for all family members.
- Most current Notice of Assessment** – (what Revenue Canada returns to you) (Contact Canada Revenue Agency at 1-800-959-8281 to request replacement documents if required.)
- Proof of all income and money** that you or any of the people on the application, presently receive from any source. This includes EI, AISH and Social Assistance.

- Three most recent bank statements** from **all** household bank accounts.
- If you are self-employed or own your own business**, income may be verified by a financial statement and balance sheet for the most recent year ended. (NOTE: If you want to run a business out of your home, and you are applying for rental premises with LSAF, submit a letter requesting permission. In your letter, state the nature of the business, if there will be increased traffic to and from your home, and if you will be storing flammable or dangerous goods and/or equipment in the rental unit.)
- If you own a house or property**, submit documents showing the value of the property. If to be sold, verify how much money you will receive after the sale. If the property is being foreclosed, submit a letter from your lawyer or bank as proof.
- Notice to Vacate or Foreclosure papers** are required if you have been issued a notice to terminate your tenancy or have had your home foreclosed.
- Current** landlord's name, address and telephone number.
- Lease Agreement, Rent Receipts, and Notice of Rent Increase:** Please provide a copy of your current lease and three (3) months of rent receipts.

FINAL APPROVAL OF YOUR APPLICATION IS SUBJECT TO OBTAINING ACCEPTABLE LANDLORD AND/OR CREDIT REFERENCES WHERE APPLICABLE, AND TO OBTAINING UPDATED VERIFICATION OF INCOME SHOWING YOU STILL QUALIFY FOR THE PROGRAM(S) AT THE TIME A SUBSIDY OR HOUSING UNIT IS OFFERED, AND/OR AN ACCEPTABLE PERSONAL MEETING WITH THE BUILDING MANAGER OR LANDLORD, WHERE APPLICABLE.

LSAF HOUSING & SUBSIDY APPLICATION FORM

Household Information

Your Name: _____
First Name Middle Name Last Name

Address where you currently live:

Postal Code

Mailing Address (if different from above):

Postal Code

Phone: Home (____) _____ Work: (____) _____
 Cell (____) _____ Email: _____

Male Female Birth Date: ____/____/____
Year Month Day

Marital Status: Married/Adult Interdependent Relationship Single
 Divorced/Separated Widowed

Are you a Canadian citizen? Yes No or Permanent Resident? Yes No

Do you have an income from any source? Yes No

Below list all the people who will be living with you (including spouse and/or live-in aide, or other if applicable)

Name: _____
First Name Middle Name Last Name

Birth Date: ____/____/____ Social Insurance Number: _____
Year Month Day

Relationship to you: spouse/adult interdependent partner son daughter live-in aide
 other _____

Are they a Canadian citizen? Yes No If no, are they a Permanent Resident? Yes No

Do they go to school full-time? Yes No Do they have an income (any source)? Yes No

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Dependents
 1 3

Total: _____

Income Information

(ALL Income from ALL sources for ALL household members must be declared)

If you or another household member is employed, complete this section:

Name of household member: _____

Employer: _____ Phone Number: (____) _____

Dates of employment: From _____ to _____

Salary: \$ _____ per _____ (hour or month). Hours per week: _____

Paid: weekly bi-weekly semi-monthly monthly

Other Income

Amount per month

Name(s) of Person(s) receiving income

- Old Age Security \$ _____
- Alberta Senior's Benefit \$ _____
- Spouse Allowance \$ _____
- Canada Pension Plan \$ _____
- Company/Group Pension \$ _____
- Alberta Seniors Benefit \$ _____
- War Veterans Allowance \$ _____
- War Disability Pension \$ _____
- Employment Income \$ _____
- Social Assistance \$ _____
- RRSP/RRIF Withdrawals \$ _____
- Lump-sum Insurance Settlement \$ _____
- Resettlement Assistance (RAP) \$ _____
- Lump-sum Inheritance \$ _____
- Foreign Country income \$ _____
- Other: _____ \$ _____

(including, but not limited to, oil royalties, commissions, bonuses, tips, lump sum insurance or employment settlements, structured settlements, annuities, inheritances, family or church assistance, rental revenue, investment income, etc.)

*If you checked '**Other**', please describe:

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**Income Thresholds
Whitecourt Area**

Bedroom Count	Maximum Monthly Income	Maximum Annual Income
1 bed	\$2,958	\$35,500

Updated: August 2019

Total Income for Eligibility:

Adjusted Income for Rent Calculation:

Rental History Information

Updated August 2019

List all addresses for the past five (5) years and landlord names, addresses and phone numbers.

Current address: _____

Rent or Mortgage: \$ _____ per month

Do you own your present accommodation? Yes No

**(If you own your own home, mortgage documents, assessed value of property, foreclosure papers, etc. will be required)*

Is this room & board? Yes No

If yes, how much do you pay for **room only**? \$ _____ per month

Utilities included in your rent: Power Heat Water

Type of housing:

Apartment Townhouse House Mobile Home

Rooming House Group Home Shelter Motel/hotel

Living with friends or family (shared)

Other (please explain: _____)

Number of bedrooms you and your family occupy: _____

Number of persons sharing your present accommodations: _____ Adults, _____ Children

Dates of occupancy: from _____ to _____
(move in date) (move out date/present)

Landlord Information:

Name Address

(_____) _____

Phone number

Reason for moving, if applicable:

Previous address: _____

Dates of occupancy: from _____ to _____
(move in date) (move out date/present)

Reason for moving:

Landlord Information:

Name Address

(_____) _____

Phone number

(Use the back of this page or a separate sheet of paper if more space is required)

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Rent to Income

0 – 30%	0
31 – 35%	3
36 – 40%	6
40 – 45%	9
46 – 50%	12
51 – 55%	15
56 – 60%	18
61% or more	21

Total: _____

Utility Responsibility

Power	1
Heat	1
Water	1

Total: _____

Shared Accommodation

3

Total: _____

Overcrowding

Extra Bedrooms Required

1 3

Total: _____

Other Information

Have you or anyone on the application previously applied with Lac Ste. Anne Foundation (LSAF)? Yes No

Have you or anyone on the application rented from Lac Ste. Anne Foundation?

Yes No

If you checked "yes", please state the address and when you lived there:

Address: _____

Dates of occupancy: from _____ to _____
(move in date) (move out date)

Have you or anyone on the application previously rented from any other Housing Management Body? Yes No If yes which one(s): _____

Do you or any member of your household have a mental illness or physical disability?

Yes No

If yes, state who: _____

What is the mental or physical disability? _____

Can they live independently? Yes No

If no, describe the support services they require:

Are you expecting any changes to your family size (i.e. someone moving in or out, etc.)?

Yes No If yes, please

explain: _____

When will the change occur? _____

Is wheelchair or scooter or walker access required? Yes No

If yes, please provide a doctor's letter.

If someone in your family uses a wheelchair or scooter, is your current housing accessible for them?

Yes No Not needed

Accommodation Detrimental to Health: Is your housing unsafe or does it cause health problems (detrimental to health) for anyone?

Yes No If yes, please explain:

***(Please provide statement from Alberta Health Services)**

Pest Infestations: Bedbugs Cockroaches Mice None

Do you own a pet? Yes No

If yes, what kind and how many? _____

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Ex-tenant file program:

Arrears:

\$ _____

Amount owing to :

Landlord

LSAF

Other Management Body

Accessibility

12

Total: _____

Housing Detrimental to Health

10

Total: _____

Assets and money of all household members	Total Amount/Value
Cash on hand	\$ _____
Money in Bank	\$ _____
Stocks, Bonds, GICs	\$ _____
RRSPs/TFSA's	\$ _____
Other investments (including foreign sources)	\$ _____
<small>*TFSA exempted from assets</small>	
<hr/>	
Vehicle <i>(Use the back of this page if more space is needed)</i>	
Do you own a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you lease a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When does your lease expire?	_____
	(Year/Month/Date)
Value of vehicle	\$ _____
Vehicle description	
Year: _____	Make: _____
	Model: _____
	Trim/Style: _____
	<small>Eg. S/SE, sedan, hatchback, etc.</small>
Outstanding balance on loan	\$ _____
<u>Provide copies of any lease or loan agreements for any of the above vehicle(s) to show outstanding balance owing</u>	
Do you require a parking spot? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>	
Home or Property Owned	Value: \$ _____
Address or legal land description:	
_____	Amt Owing: \$ _____

<hr/>	
Business	Value: \$ _____
Type of business: _____	
Address or legal land description:	

Start-up date: _____	
Please indicate type of registration:	
<input type="checkbox"/> Proprietorship	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation or Limited Company	

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Assets

Total: _____

DO NOT count the 1st \$11,000 of assets (GEF maximum liquid asset amount is \$11,000.00) **Anything over that amount is -2 points per \$1,000.00**

Points (deducted): _____

Reason for wanting to move?

Special Circumstances

Emergency Situation/Family Violence: (*must be able to live independently with community based services)

Fire Leaving abusive partner Homeless

Home condemned (Provide proof from Aspen Health) Living in shelter, hotel or motel

Discharge from hospital, group home or other institution

Eviction: *No points awarded for breach of lease.

Notice to Vacate or Foreclosure (*please provide copy*)

Emergency Contacts – two names required with all information

Name: _____

Address: _____

Phone Number: (____) _____

Relationship: _____

Name: _____

Address: _____

Phone Number: (____) _____

Relationship: _____

If you have a **support worker or Home Care worker**, please provide their name, phone number and agency:

Name: _____

Phone Number: (____) _____

Agency: _____

I have filled out the doctor verification that is attached: Yes No

Family Doctor Name: _____ Address: _____ Phone: _____

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

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Emergency

15

Total: _____

Eviction:

15

Total: _____

TOTAL SCORE:

Scored by: _____

Date: _____

Priority Review Committee

Approved for waitlist

Denied

Date: _____



LAC STE. ANNE FOUNDATION
 Box 299 Mayerthorpe, AB T0E 1N0
 Tel: (587) 991-2471 or (780) 786-3100
 Fax: (780) 786-4810

Authorization and Consent to Release Information

Personal information, including information about gross household income, incomes of individual members of the household, assets of the household, and characteristics and composition of the household, is required, under the *Alberta Housing Act*, to assess the household’s eligibility for the rent-geared-to-income programs, to determine the type and size of housing unit required, and to determine priority for the waiting list. Information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of personal information may be directed to the Supportive Housing Services Manager at the address and telephone number listed above.

I(We) agree to:

- Notify Lac Ste. Anne Foundation immediately, in writing, of all changes in my address, telephone number, amount, source, or allocation of your household income, household composition, assets, or rent from this day forward as changes occur; and annually upon request of the Lac Ste. Anne Foundation.

I(We) understand that:

- this application does not constitute an agreement on the part of Lac Ste. Anne Foundation or its agents to provide me with rental accommodation.
- Lac Ste. Anne Foundation may withdraw, revoke or cancel my application for housing without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given.
- all information provided herein or in the future is subject to audit/investigation. Failure to provide information requested for income verification (auditing) purposes will result in cancellation of the application or termination of any agreements.
- discovery of false, misleading, or incomplete information/documentation on this application or any future document provided to Lac Ste. Anne Foundation to determine my(our) eligibility for rental accommodation or rent subsidy or to calculate my(our) benefit of rent-geared to income, may result in recovery action, criminal charges and termination of the agreement.

I(We) authorize:

- Lac Ste. Anne Foundation or its designate and any other agency to release and exchange any information and documents deemed necessary to verify information regarding my(our) household composition, household circumstances, income, assets, employment or current and previous addresses. This authorization shall be in place for the entire duration of my(our) agreement, if one is made.
- I(we) authorize Lac Ste. Anne Foundation or its designate, to contact any of my(our) current or previous landlords to complete reference checks for the purpose of assessing my(our) suitability as a prospective tenant. I(We) understand and agree that Lac Ste. Anne Foundation may request information about my(our) current or previous tenancies including, but not restricted to, names of leaseholders and other occupants, dates of occupancy, addresses, rental payment history, maintenance and upkeep of the premises, conduct of occupants and guests, compliance with the rules and regulations of the residential tenancy agreements, and reasons for vacating if possible.
- I(we) also release and save harmless those persons and organizations from any and all claims, actions, demands, damages and expenses in connection with or arising out of such release of information to Lac Ste. Anne Foundation.

I(We) have read and fully understand the above authorization and release.

 (Applicant Name – please print)

 (Signature)

 (Date)

 (Co-applicant Name – please print)

 (Signature)

 (Date)

 (Witness -- please print)

 (Signature)

 (Date)

**The statutory declaration is a legal document that must be signed with a Commissioner for Oaths by all co-applicants.
We have Commissioners for Oaths at our office who can sign this document with you free of charge.**

STATUTORY DECLARATION

CANADA) IN THE MATTER OF: application for
PROVINCE OF ALBERTA) Dwelling Accommodation in the Housing Project
To Wit:)

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

1. I am the person named on the said application;
2. That all statements made by me and information given in the said application are true and complete in all respects;
3. I authorize Lac Ste. Anne Foundation to continue to rely on this declaration to verify and confirm information related to me, in any way, throughout the term that I am eligible for the rent subsidy programs regardless of the length of the term of this eligibility; and
4. I authorize this statutory declaration to form part of my application.

I have resided in the Province of Alberta for _____ years of my life and in the LSAF district 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 by virtue of the "Canada Evidence Act".

Declared before me at the _____)	_____)
_____)	Signature of Applicant)
in the Province of Alberta _____)	
this ____ day of _____,)	
A.D. 20____.)	

A Commissioner for Oaths in and for
The Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment expires on: _____
(dd/mm/yyyy)

**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