

## Application for Housing - Seniors

Thank you for considering a Lac Ste. Anne Foundation (LSAF) facility as a place to call home. This application is designed to help you determine which of our housing options meet your needs and outlines the steps for applying. If at any point you have questions regarding this process, our staff will be happy to assist you. Please see the below contact information.

### WHAT HOUSING OPTIONS ARE AVAILABLE?

**Apartments:** Our apartments provide independent living options for seniors 65 years of age or older utilizing an affordable rent-geared-to-income model.

**Lodges:** 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 our personal care team and/or community-based services (functionally independent).

### WHO IS ELEGIBLE TO APPLY?

- 65 years or older
- Canadian Citizen or Permanent Resident
- Can independently manage most daily tasks (e.g. personal hygiene, mobility, medication) with or without support from existing community-based services. (e.g. Homecare, Meals on Wheels, etc.)

### WHAT ARE THE STEPS TO FINDING YOUR NEW HOME?

#### Step 1 – Tour

You may tour any LSAF facility when safe and subject to staff availability. We encourage in-person tours to assist you in choosing a facility that is best suited for you. You may schedule a tour anytime during this process by calling the contact numbers listed in the Step 3 chart below.

#### Step 2 – Completing the Application

Complete the application (Starting on page 3) and include:

- Proof of income – Income Tax Notice of Assessment (NOA), and if applicable, confirmation of your Alberta Seniors Benefit. A copy of your NOA may be requested from the Canada Revenue Agency (CRA) at 1-800-959-8281.

### Step 3 - Submitting Your Application

- Please fax, mail or email your application. If you have any questions, you can contact the administration office at the number provided. Our lodges also accept applications and will forward them to our administration office on your behalf:

Fax	Mail	Email	Phone
780-786-4810	PO Box 299 Mayerthorpe, AB T0E 1N0	adminclerk@lsaf.ca	780-786-3100

### Step 4 - LSAF Review of Your Application

Once we receive your application, a member of our team will review it. All applicants will be contacted upon receipt of their application within 3 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 - Interview

The interview will give you further insight to your preferred facility and help you 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) as per Social Housing Accommodation Regulations. To better understand your needs, our staff may reach out to your preferred health or social support contacts that you provide on page 6. This will help us assess your priority of need.

After the interview, you will receive a letter confirming your status and if approved you will be added to your selected waitlist(s).

Thank you for choosing to apply for accommodation with Lac Ste. Anne Foundation. We look forward to serving you!

## A. SELECT YOUR PREFERRED LOCATION(S) AND HOUSING PROGRAM

**Seniors Apartments - Independent Living without Supports:** The Seniors Self-contained Housing program provides apartment-style housing to seniors who are able to live independently.

Applicants must be 65 years of age or older. In addition, applicants must be functionally independent, with or without the assistance of community-based services.

A tenant's rent, which includes heat, water and sewer expenses, is based on 30% of a household's adjusted income. Rent does not include electricity, phone, TV and any additional services such as parking.

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

**Lodge Accommodation - Supportive Living/Designated Supportive Living:** Our lodges include both supportive living and designated supportive living suites, Alberta Health Services determines access to the designated supportive living suites within the building. The Seniors Lodge program provides rooms, meals, housekeeping services and recreational opportunities for seniors. Professional health care services and personal care assistance for residents of designated supportive living are publicly funded and the amount and type of care provided to residents is based on their assessed unmet care needs.

Residents of designated supportive living receive 24-hour on-site, scheduled and unscheduled, personal care and support services from health care aides and/or licensed practical nurses. Community based services may help offer these amenities and opportunities.

Applicants must be 65 years of age or older. Exceptions may be made for applicants with special circumstances. In addition, applicants must be functionally independent, with or without the assistance of our on-site personal care services and/or community-based services.

Lodge rent is calculated based on 30% of the applicants line 15000 of their Notice of Assessment plus a base rent fee of \$800.00/month. Rent does not include phone, TV and any additional services such as parking and personal laundry fees. Regardless of the monthly lodge rent, each resident must be left with at least \$373 in monthly disposable income.

- Pleasant View Lodge – 4407 42A Avenue (Mayerthorpe)
- Spruce View Lodge - #12 Sunset Boulevard (Whitecourt)
- Chateau Lac Ste. Anne Lodge – 5123 49 Avenue (Onoway)

## B. PERSONAL INFORMATION

<b>Do you have a co-applicant you are applying with?</b>		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
		If <b>YES</b> , please enter their information in this column.	
	<b>Primary Applicant</b>	<b>Co-Applicant</b>	
<b>Legal Name</b>	First:	First:	
	Last:	Last:	
<b>Pronouns</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
<b>Date of Birth</b>	/        / <b>Month      Day      Year</b>	/        / <b>Month      Day      Year</b>	
<b>Citizenship Status</b>	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored	
	Other (Specify) _____		
<b>Primary Phone #</b>	_____		
<b>Phone# Type</b>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>	
<b>Primary Email</b>	_____		

## C. CURRENT ACCOMMODATION (Include mailing address if different than current)

\_\_\_\_\_  
(Street/Box/Apartment)

\_\_\_\_\_  
(Town/City)

\_\_\_\_\_  
(Province)

\_\_\_\_\_  
(Postal Code)

**Is your current accommodation:**    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.*

**If renting, please provide the name, phone number & current rent amount of your present landlord:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Rent amount (per month): \$ \_\_\_\_\_

Do you authorize **LSAF** to contact your current landlord?  **Yes**  **No**

**\*Have you received a Notice to Vacate?**  **Yes**  **No**

➤ *\*The answer to this question will help us determine your housing need when assessing your priority score. If you answered yes, please include a copy in your application.*

#### **D. MONTHLY INCOME**

Please fill in the table below and provide a copy of your most **recent Income Tax Notice of Assessment (NOA) from the Canada Revenue Agency**. This information will be used to determine affordable housing eligibility (income threshold) and may also be used to calculate your rent (applicable to RGI housing).

If you are applying to supportive lodge living, please also provide proof that you receive Alberta Seniors Benefit (if applicable) as this will help influence your priority score.

<b>Please check the boxes that reflect which benefits you currently receive or have applied to.</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Old Age Security	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Income Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Alberta Seniors Benefit Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Affairs Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Amount on Line 15000 (Total Income) on your NOA	\$ _____	\$ _____

**E. ASSISTANCE WITH APPLICATION (IF APPLICABLE)**

If someone helped you fill out this application and you would like us to contact them on your behalf if we have questions, please complete this section.

<b>Name:</b>	<b>Relationship:</b>
<b>Email:</b>	<b>Phone#:</b>
*By providing this information, you give LSAF permission to contact or discuss information included in this application	<b>*Applicant's Signature:</b>

**F. AUTHORIZATION FOR RELEASE OF INFORMATION**

Please list one or more of your **preferred health or social support contacts** that you authorize LSAF 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 three contacts - but please list at least one).

1.	Name:	Phone #:
	Relationship:	
2.	Name:	Phone #:
	Relationship:	
3.	Name:	Phone #:
	Relationship:	

I, \_\_\_\_\_, authorize the collection and disclosure of information regarding my health and social needs between Lac Ste. Anne 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 Applicant)

\_\_\_\_\_  
(Signature of Witness)

## G. APPLICANT'S ACKNOWLEDGEMENT

I understand that this form is an application and **not an agreement** on the part of Lac Ste. Anne Foundation to provide me with rental accommodation.

I further acknowledge the right of Lac Ste. Anne 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 Lac Ste. Anne Foundation to investigate all statements made in this application. I agree that I am obligated to advise Lac Ste. Anne Foundation, in writing, of any changes in family composition, health status, change of address, and gross household income should they occur.

This personal information is being collected in accordance with sections 12(1)(b) and 13(1)(c) of the Protection of Privacy Act (POPA) for the purposes of administering Lac Ste. Anne Foundation (LSAF) programs, services, and operational activities. It is protected under POPA and may only be used or disclosed as authorized by law. Questions about the collection or use of your personal information can be directed to Lac Ste. Anne Foundation's Chief Administrative Officer at 780 -786 -3100 or by email at [dkrysik@lsaf.ca](mailto:dkrysik@lsaf.ca).

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date)

## H. ADDITIONAL INFORMATION (OPTIONAL)

**Where did you hear about Lac Ste. Anne Foundation?**

- Website/Online Search    Brochure    Family & Community Services  
 Current **LSAF** Resident    Newspaper    Facebook or Social Media  
 Other .....

*Thank you for your interest in joining our Lac Ste. Anne Foundation family. Once we receive your application, a member of our team will review it. All applicants will be notified upon receipt of their application within 3 business days.*