

Grace Lutheran Manor

Senior Citizens Residence

3600 Sarcee Road S.W. Calgary, AB, T3E 6X5

APPLICATION FOR ACCOMMODATION—SENIOR CITIZENS

(confidential)

PLEASE READ CAREFULLY

I understand that this is just an application and that it is **not** an agreement on the part of **GRACE LUTHERAN MANOR**, or its agents, to provide me with rental accommodation.

I further acknowledge the right of **GRACE LUTHERAN MANOR**, or its agents, at any time prior to the execution and delivery to me a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize **GRACE LUTHERAN MANOR**, 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 statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise **GRACE LUTHERAN MANOR**, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or changes of address, should they occur.

Signature of Witness

Signature of Applicant

DOMINION OF CANADA) IN THE MATTER OF THIS APPLICATION

PROVINCE OF ALBERTA) 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 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 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 and by virtue of the "Canada Evidence Act."

Declared before me)
at the _____ of _____)
in the Province of Alberta,)
this _____ day of _____, 20__)

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths My Appointment expires on _____
Day/Month/Year

NOTE: I AM A COMMISSIONER FOR OATHS SO LEAVE THIS PAGE UNTIL WE MEET IN PERSON. THANKS, JACK HAMPTON (MANAGER)

*****START HERE

(PLEASE PRINT)

NOTE: PLEASE ANSWER ALL QUESTIONS.

1. APPLICANT'S NAME _____
(Last Name) (First Name)

DATE OF BIRTH: _____ SOCIAL INSURANCE # : _____

ALBERTA HEALTH CARE NO.: _____

2. CO-APPLICANT'S NAME: _____
(Last Name) (First Name)

DATE OF BIRTH: _____ SOCIAL INSURANCE # : _____

ALBERTA HEALTH CARE NO.: _____

3. ARE YOU A: _____ CANADIAN CITIZEN
_____ LANDED IMMIGRANT
_____ OR _____

4. PRESENT ADDRESS _____
(P.O. Box/Apartment No./Street)

_____ HOME TELEPHONE NO.: _____
(City/Town/Village) (Postal Code)

ALTERNATE CONTACT PERSON: _____
(Name) (Telephone No.)

5. IF YOU ARE ON SOCIAL ASSISTANCE, PLEASE STATE THE NAME AND ADDRESS OF YOUR SOCIAL WORKER

(Name: _____)

(Address: _____)

6. MONTHLY INCOME – ALL INCOMES MUST BE VERIFIED UPON ACCEPTANCE AS A TENANT.

	Applicant \$	Co-Applicant \$
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income: Specify _____	_____	_____
TOTAL:	=====	=====

ASSETS: Please list all investments/assets and interest/income derived from investments such as stocks, term deposits, bank accounts, real estate, registered retirement savings plans, etc.

INVESTMENTS / ASSETS		INTEREST / INCOME	
_____	\$ _____	Yearly	\$ _____ Monthly \$ _____
_____	\$ _____	Yearly	\$ _____ Monthly \$ _____
_____	\$ _____	Yearly	\$ _____ Monthly \$ _____
TOTAL \$	=====	TOTAL	\$ _____ TOTAL \$ _____

7. IF YOU OR YOUR CO-APPLICANT HAVE EMPLOYMENT INCOME(S), PLEASE STATE THE NAMES AND ADDRESS(ES) OF THE EMPLOYER(S).

NAME OF YOUR EMPLOYER: _____

ADDRESS: _____ TELEPHONE NO.: _____

NAME OF YOUR CO-APPLICANT'S EMPLOYER: _____

ADDRESS: _____ TELEPHONE NO.: _____

8. DO YOU OWN OR RENT YOUR PRESENT ACCOMMODATION: _____ OWN _____ RENT

PRESENT RENT OR HOUSE PAYMENT IS \$ _____ PER MONTH, PLUS \$ _____ FOR

HEAT AND \$ _____ FOR LIGHT, WATER AND SEWER.

9. IF RENTING, NAME OF YOUR PRESENT LANDLORD: _____

ADDRESS: _____

TELEPHONE NO.: _____

10. IS YOUR PRESENT ACCOMMODATION A: _____ APARTMENT -- ELEVATOR {____} YES {____} NO

_____ ROOMING HOUSE _____ MOTEL/HOTEL _____ OTHER _____

11. ROOMS IN YOUR PRESENT ACCOMMODATION: {____} KITCHEN {____} LIVING ROOM

{____} DINING ROOM

_____ BATHROOM

_____ NUMBER OF BEDROOMS

12. NUMBER OF PERSON(S) SHARING YOUR PRESENT ACCOMMODATION:

_____ ADULTS _____ CHILDREN

13. DOES ANY MEMBER OF YOUR HOUSEHOLD REQUIRE ACCOMMODATION ADAPTED FOR SPECIAL NEED

(i.e, WHEELCHAIR ACCESSIBILITY, ETC.) _____

FAMILY DOCTOR'S NAME: _____

ADDRESS: _____ TELEPHONE NO.: _____

14. DO YOU SHARE WITH OTHER OCCUPANTS THE USE OF THE KITCHEN, BATHROOM, OR BEDROOM? YES NO

IF YES, NUMBER OF PERSON(S) SHARING KITCHEN _____

NUMBER OF PERSON(S) SHARING BATHROOM _____

NUMBER OF PERSON(S) SHARING BEDROOM _____

15. ARE YOUR SHOWER AND/OR BATHTUB, TOILET AND WASHBASIN ALL LOCATED IN YOUR BATHROOM?

YES NO IF NO, PLEASE GIVE DETAILS: _____

16. ARE YOUR STOVE, REFRIGERATOR, CUPBOARDS, COUNTER SPACE AND SINK, ALL LOCATED IN YOUR KITCHEN?

YES NO IF NO, PLEASE GIVE DETAILS: _____

17. DO YOU HAVE A PET? YES NO

IF YES, WHAT KIND(S) AND HOW MANY OF EACH? _____

18. REASONS FOR WANTING TO MOVE: _____

IF YOU HAVE BEEN GIVEN A “NOTICE TO VACATE”. PLEASE SUBMIT A COPY OF THE NOTICE AND STATE REASON FOR EVICTION: _____

19. FOR APPLICANT'S USE

OTHER RELATED INFORMATION YOU WISH TO PROVIDE. (PLEASE PROVIDE NAME AND ADDRESS OF NEXT OF KIN).
