

Senior Citizen Accommodation Application

Accommodations Requested for:

- Colonel Macleod Manor (Fort Macleod)
 Chinook Arch Manor (Granum)

Complete all questions and all the requested information. If a question does not apply to your situation mark N/A in the section.

You are requested to provide:

1. A copy of your most recent Income Tax Return and/or Notice of Assessment with your full name and tax year indicated.
2. Medical form.

Your application must be signed and witnessed.

You will be contacted for an interview/needs review.

*All information collected under the authority of the Alberta Housing Act and is in accordance with Alberta's Freedom of Information and Protection of Privacy Act. This information will be used to determine and verify the client's eligibility under Social Housing Accommodation Regulations. If you have any questions you may contact the Chief Administrative Officer at 403-553-3662 ext 2.

1. **Name:** _____

Birth date: _____ **Telephone #:** _____

2. **Spouse/Co-applicant Name:** _____

Birth date: _____ **Telephone #:** _____

3. **Marital Status:**

Married Divorced Widowed Single Common-Law
Separated

4. **Present Address:** Owned Rented

Type of Dwelling: _____ **Length of Tenancy:** _____

Rental Payments: (if applicable) _____

Landlord's Name & Telephone Number: _____

Total # of bedrooms: _____ **Number of Bathrooms:** _____

Do rental payments include: Heat yes no Electricity yes No

Water Yes No

Is the dwelling shared with another family? Yes No

5. **Are you a:** Canadian Citizen Landed Immigrant Other

6. **Emergency Contact:** _____ Relationship: _____

Address: _____ Telephone: _____

7. **Family Doctor Name:** _____ Telephone: _____

8. **Do you have a pet?** Yes No What kind? _____

Are you willing to part with your pet(s)? _____

Animals are NOT permitted

9. **Is there any medical condition that could affect your housing needs that we should know about?** Yes No (for example, wheelchair/walker required) _____

10. **Why do you wish to move?** _____

11. **When are you prepared to move?** _____

12. **Have you ever lived in a building that had bed bugs?** Yes No

13. **Assets:**

Real Estate Value: \$ _____ Mortgage: \$ _____

Investments: \$ _____ RRSP/RRIF \$ _____

Vehicle: Value: \$ _____ Year/Make/Model: _____

Other: Value: \$ _____

14. References (at least one landlord) :

Name: _____ Telephone: _____

Name: _____ Telephone: _____

15. Income:

Type of Income	Tenant	Co-Tenant
Old Age Pension & Supplement		
Canadian Pension		
War Veterans Pension		
Alberta Seniors Benefit		
Social Assistance		
Disability Pension		
Employment Insurance Benefits		
Worker's Compensation		
Company Pension/Superannuation		
Employment Income		
A.I.S.H.		
Income Derived from Assets		
Other Income (please specify)		

16. If you or your Co-Applicant have employment income(s), please state the name(s) and address of the employer(s):

Applicant Employer: _____

Co-Applicant's Employer: _____

I understand that this application does not constitute an agreement on the part of Willow Creek Foundation or its agents to provide me with rental accommodations.

I further acknowledge the right of the Foundation at any time prior to the execution and delivery of a lease hereby applies for, to withdraw, revoke or cancel without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given. I hereby authorize the Foundation to make any inquires deemed necessary to verify the facts contained herein by the method the Foundation deems necessary, being fully aware that discovery of any false statement shall cancel further consideration of any application.

I further agree that I am obligated to advise the Foundation, in writing, of any changes in family composition, gross income, assets, employment or change of address, should they occur.

Applicant: _____

Co-Applicant: _____

Witness: _____

Today's date: _____

*Please note that this application will expire 12 months from today's date.

Declaration

I/We _____ of the city/town of _____
in the Province of Alberta, do declare as follows:

1. That I/We am/are the applicant(s) named in the said application.
2. That any statements made by me/us in the said application are to be the best of my/or knowledge, information and belief, full and true in all respects.
3. That I/We have resided in the province of Alberta for _____ years of my/our life and in the district of Willow Creek for _____ years.

And I/we make this Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me _____ at the city/town of _____ in
the Province of Alberta this _____ day of _____, 20____

Willow Creek Foundation

Signature of Applicant

Signature of Co-Applicant