

APPLICATION FOR ACCOMODATION – 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 the **Sylvan Lake Foundation**, or its agents, to provide me with rental accommodations.

I further acknowledge the right of the **Sylvan Lake Foundation**, 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 the **Sylvan Lake Foundation**, 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 the **Sylvan Lake Foundation**, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

Signature of Witness

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.
3. That I have resided in the Province of Alberta for _____ years 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 _____, _____)

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

(PLEASE PRINT)

NOTE: PLEASE ANSWER **ALL** QUESTIONS

1. **Applicant's Name** _____
(Last Name) (First Name)

Date of Birth: _____ **Social Insurance Number:** _____

Alberta Health Care No.: _____

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

Date of Birth: _____ **Social Insurance Number:** _____

Alberta Health Care No.: _____

3. **Are you a:** Canadian Citizen
 Landed Immigrant
 or _____

4. **Present Address:** _____
(P. O. Box/Apartment No./Street)

(City/Town/Village) (Postal Code) **Telephone No.:** _____

Alternate Contact Person: _____
(Name) (Telephone No.)

Relationship to Alternate Contact: _____

5. **Does any member of your household require accommodation adapted for a special need (i.e. wheelchair accessibility, etc.)?** _____

Family Doctor's Name: _____

Address: _____ **Telephone No.:** _____

6. **Length of residence in Canada:** _____ yrs. **In Alberta:** _____ yrs.

7. **If you are on Social Assistance, please state the name and office address of your Social Worker.**

Name: _____

Address: _____

8. MONTHLY INCOME

FINANCIAL – no application will be processed without the following:

I have attached my Notice of Assessment to this application

	APPLICANT	CO-APPLICANT
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Assured Income Supplement	_____	_____
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, bonds, term deposits, bank accounts, real estate, registered retirement savings plan, etc.

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

9. If you or your co-applicant have employment income(s), please state the name(s) and address(es) of the employer(s).

Name of your Employer: _____

Address: _____ Telephone No.: _____

Name of Co-Applicant's Employer: _____

Address: _____ Telephone No.: _____

10. Do you own or rent your present accommodation: Own Rent

**** You must provide one landlord reference and one character reference in order for this application to be processed ****

Landlord Reference: _____ Phone#: _____

Landlord Reference: _____ Phone#: _____

Character Reference: _____ Phone#: _____

Character Reference: _____ Phone#: _____

**** If you have no landlord reference, please provide the contact information for two character references ****

Current or house payment is \$ _____ per month

Current payment for heat, light, water, sewer is \$ _____ per month

11. **If renting, name of your present Landlord:** _____

Address: _____

Telephone No.: _____

12. **Is your present accommodation a:** House Rooming House
 Apartment – Elevator Yes No Motel/Hotel Other: _____

13. **Rooms in your present accommodations:** Kitchen Living Room Dining Room
_____ Number of Bathrooms _____ Number of bedrooms

14. **Number of person(s) sharing your present accommodations:** __Adults __Children

15. **Do you share with other occupants the use of the kitchen, the bathroom, or your bedroom?** Yes No

If yes, Number of Person(s) sharing the kitchen _____

If yes, Number of Person(s) sharing the bathroom _____

If yes, Number of Person(s) sharing the bedroom _____

16. **Are your shower, and/or bathtub, toilet and wash basin all located in your bathroom?**

Yes No IF NO, please give details: _____

17. **Are your stove, refrigerator, cupboards, counter space and sink all located in your kitchen?**

Yes No IF NO, please give details: _____

18. **Do you have a pet?** Yes No

IF YES, what kind(s) and how many of each? _____

19. **Reasons for wanting to move:** _____

If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for eviction: _____

20. **FOR APPLICANT'S USE**

Other related information you wish to provide.
