



Application for Accommodation

Types of Accommodations

Lodge Program – Housing is aimed at all Albertans who live independently with or without supports. Residents receive three meals and snacks daily, weekly housekeeping services and recreation program. Homecare services can be arranged through Alberta Health Services and are provided on site.

Self-Contained Program – Apartment style living. Residents are responsible for their own cooking and cleaning. Aimed at lower income seniors.

Please refer to our website for individual addresses and photos at www.sylvanlakelodgefoundation.com

Instructions

1. Completing the appropriate sections of this package
 - **All applicants complete Section 1**
 - *Lodge Program* complete Section 1, **Section 2**, medical report completed by physician.
 - *Self-Contained Program* complete Section 1, **Section 3**, Statutory Declaration Sylvan Lake Foundation has a Commissioner for Oaths on site at address below.
2. Submitting your application to Sylvan Lake Foundation
 - Mail or in person to
#100, 4620-47 Ave
Sylvan Lake Alberta T4S 1N2
 - Fax: 403-887-6039
 - Email: applications@sylvanlakelodgefoundation.com
3. What's next?
 - After submitting your application, you may be contacted for an interview as required for some of our programs. Otherwise, you will receive a letter confirming acceptance, next steps and what will happen when we make you an offer.



Please check which program(s) you are applying for:

LODGE (Section 1 & Section 2)

SELF CONTAINED (Section 1 & Section 3)

Section 1

Personal Information	First Applicant	Second Applicant <i>(if applicable)</i>
Legal Name	<i>First</i>	<i>First</i>
	<i>Last</i>	<i>Last</i>
Date of Birth (M/D/Y)		
Mailing Address & Postal Code		
Home Number		
Cell Number		
Email		
Citizenship Status	Canadian Citizen: <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Privately Sponsored: <input type="checkbox"/> Other:	Canadian Citizen: <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Privately Sponsored: <input type="checkbox"/> Other:
Language Spoken – <i>If other than English</i>	What language? _____ Check if interpreter required? <input type="checkbox"/>	What language? _____ Check if interpreter required? <input type="checkbox"/>
Have you lived with Sylvan Lake Foundation previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Section 1

Do you require Vehicle parking? Yes

Do you require Wheelchair Accessible suite? Yes

Family or Emergency Contact

Name	Address
Phone Number	Cell Number
Email Address	

Current Housing Information

First Applicant	Second Applicant (if applicable)
Homeowner <input type="checkbox"/>	Homeowner <input type="checkbox"/>
Renter <input type="checkbox"/>	Renter <input type="checkbox"/>
How long did you live at your current address	

References

First Reference	Second Reference
Name	Name
Phone Number	Phone Number

FINANCIAL AND ASSET INFORMATION

No application will be processed without a copy of your current Notice of Assessment.

Line 15000 from the most current income tax year from the Notice of Assessment. Year: 20_____

First Applicant Line 15000 \$ _____

Second Applicant Line 15000 \$ _____



Section 1

Please check the boxes that reflect the sources of your income.

APPLICANT #1		APPLICANT #2	
Alberta Seniors Benefit (ASB)		Alberta Seniors Benefit (ASB)	
Canada Pension Plan (CPP)		Canada Pension Plan (CPP)	
Old Age Security (OAS)		Old Age Security (OAS)	
Guaranteed Income Supplement (GIS)		Guaranteed Income Supplement (GIS)	
Assured Income for Severely Handicapped (AISH)		Assured Income for Severely Handicapped (AISH)	
Employment Income		Employment Income	
Income Support		Income Support	
Foreign Pensions		Foreign Pensions	
Other		Other	

Do you associate with any of the following Targeted Population?

This section is self-reported, we understand the applicant may choose not to disclose this information.

APPLICANT #1		APPLICANT #2	
Indigenous Peoples, First Nations		Indigenous Peoples, First Nations	
People with Disabilities		People with Disabilities	
Individuals fleeing violence, including shelters		Individuals fleeing violence, including shelters	
People at risk of homelessness or transitioning out of homelessness supports		People at risk of homelessness or transitioning out of homelessness supports	
Veterans		Veterans	
Recent Immigrants & Refugees		Recent Immigrants & Refugees	
Racialized Groups		Racialized Groups	
People who identify with LGBTQ2S+		People who identify with LGBTQ2S+	



SECTION 2 LODGE APPLICANTS ONLY

Suite Preference Single Room Couples Suite
Do you require wheelchair accessibility

I/We hereby certify that all statements made in this application are true and I/we hereby authorize Sylvan Lake Foundation to conduct a personal investigation/credit check and to contact any person identified in this Rental Application. The failure to obtain an accurate and satisfactory credit report may, in Sylvan Lake Foundations sole discretion, adversely affect my/our application. I understand and acknowledge that if the application information provided is incorrect, Sylvan Lake Foundation may at its option elect to terminate my tenancy agreement upon thirty days' notice. **I/We hereby acknowledge that there are no pets allowed on these premises. Further that all buildings are non-smoking buildings.**

In order for Sylvan Lake Foundation to comply with the federal and/or provincial privacy legislation, I/we understand that all personal information collected from me/us may be collected, used and disclosed by Sylvan Lake Foundation for the purpose of my/our application assessment, for the purpose for debt collection, to uphold and maintain the rules and regulations of the property, to evaluate my/our tenancy, to comply with applicable law and in the ordinary course of Sylvan Lake Foundation business, including, but not limited to, any refinancing or potential sale of the property.

Signature Applicant 1

Signature Applicant 2



SECTION 3 SELF CONTAINED APPLICANTS ONLY

Please list a dollar value of **ALL** of your assets: **BE SPECIFIC**

Total of Chequing & Savings Accounts \$ _____ RRSP/RIF \$ _____

Real Estate \$ _____ Other, specify what & how much \$ _____

Do you currently pay for?

Rent/Mortgage	\$ _____	Month
Electricity	\$ _____	Month
Heat	\$ _____	Month
Water/Sewer/Garbage	\$ _____	Month

Why do you wish to move?

Financial	<input type="checkbox"/>	Relationship Breakdown	<input type="checkbox"/>
Overcrowded	<input type="checkbox"/>	Limited Accessibility (Stairs, Distance from amenities)	<input type="checkbox"/>
Closer to Family	<input type="checkbox"/>	Other Reason _____	<input type="checkbox"/>

Parking at some buildings is limited. Parking stalls are allocated on an application basis to tenants that own their vehicles.

Please check if you would like to apply for a parking stall

Choose an item.



Section 3

APPLICATION FOR ACCOMMODATION

STATUTORY DECLARATION

{Dominion of Canada} In the matter of application for accommodation with
Sylvan Lake Foundation}

I, _____ of the Municipality 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, information, and belief, full and true in all respects and authorize the Sylvan Lake Foundation or its agent's permission to investigate any or all of the statements made by me in this application.

And I make this solemn declaration conscientiously believing it to be true and knowing that 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 City/Town 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 Appointment expiry date



SYLVAN LAKE FOUNDATION

MEDICAL CERTIFICATE

APPLICANT NAME: _____ EXAMINATION DATE: _____

ADDRESS: _____ TELEPHONE: _____

BIRTHDAY: _____ HEIGHT: _____ WEIGHT: _____

APPLICATION AUTHORIZATION

I hereby, authorize any physician, medical clinic, hospital or other person that has any records or knowledge of my health to provide full information to the Sylvan Lake Foundation or any authority of their behalf.

DATE: _____ SIGNATURE : _____

MENTAL CONDITION

- Approximately normal
- Period of confusion and or Forgetfulness
- Persistent confusion, disorientation
- Hallucinations
- Drug abuse
- Other: _____

BEHAVIOUR

- Approximately normal
- Emotionally unstable
- Withdrawn, apathetic
- Wanders
- Noisy, disturbing to others
- Hoarding tendencies
- Other: _____

PHYSICAL CONDITION

- | | | | |
|-------------|---------------------------------|-----------------------------------|---------------------------------|
| Speech | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Vision | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Hearing | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Glasses | <input type="checkbox"/> yes | No <input type="checkbox"/> | |
| Hearing Aid | <input type="checkbox"/> yes | No <input type="checkbox"/> | |
- Obesity
 - Heart problem
 - High Blood Pressure
 - Other, please explain: _____
 - Arthritis
 - Lung condition

MOBILITY

- Independent Wal g Aid Whe chair

DEFECTS

- Arms Hands Fingers Legs Feet Joints Body



CARE REQUIREMENTS

- Dresses self
- Does own grooming
- Bathes self
- Feeds self
- Manages own medications
- Continent of urine
- Continent of bowels

DIET

- Regular
- Low salt
- Low fat
- Diab c

MEDICATIONS

ALLERGIES

TB X-RAY: _____ **Results:** _____

Does the applicant require Home Care Services? Yes No

If yes, what services?: _____

Is the applicant suffering from any chronic diseases, which requires:

Special care: _____ Medical treatment: _____

Remarks: _____

Please comment on any idiosyncrasies, sleeping patterns, personal hygiene.

Any further remarks that may be helpful in evaluating this applicant.

PLEASE NOTE: THIS APPLICATION CANNOT BE ACCEPTED IF IT IS NOT COMPLETED FILLED OUT.

SIGNATURE OF MEDICAL PHYSICIAN: _____

PRINTED SIGNATURE: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____

PLEASE MAIL OR FAX THIS COMPLETED MEDICAL EXAMINATION TO:

SYLVAN LAKE FOUNDATION/SYLVAN LAKE LODGE
100-4620-47 AVENUE
SYLVAN LAKE, ALBERTA T4S 1N2
FAX: 403-887-6039