



# Sylvan Lake Foundation

"The best place for your best days"

Sylvan Lake Foundation

## Application for Self-Contained Accommodations

Information provided with this application is collected under the authority of the Alberta Housing Act and is protected by the provisions of the Freedom of Information and Protection of Privacy Act.

### Senior Self-Contained Housing

- Each applicant should be age 65 or over
- Each applicant must have a core housing need (low to moderate income)
- Each applicant must be functionally independent
- Rent is based on 30% of gross household income (as per Notice of Assessment)

FULL NAME	First Name	Last Name
	ADDRESS	
PHONE #	Town/City	Postal Code
	Home	Cell
DATE OF BIRTH	Date/Month/Year	Current Age

MARITAL STATUS (Please check the appropriate box)				
<input type="checkbox"/> Married	<input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single

Have you ever been convicted or charged with a criminal offense?	Yes	No
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Length of Residence in Alberta	Preferred Language
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PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:  
 SYLVAN LAKE FOUNDATION  
 100, 4620 - 47 AVENUE  
 SYLVAN LAKE, ALBERTA T4S 1N2

# Co-Applicant

FULL NAME	First Name	Last Name
ADDRESS	Street/Box	
	Town/City	Postal Code
PHONE #	Home	Cell
DATE OF BIRTH	Date/Month/Year	Current Age
PERSONAL HEALTH CARE NUMBER		

MARITAL STATUS (Please check the appropriate box)									
<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow/Widower	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single

Have you ever been convicted or charged with a criminal offense?	Yes	No
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Length of Residence in Alberta	Preferred Language
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\*Please attach a copy of your most recent **Notice of Assessment** from Revenue Canada for your application to be processed.

A personal interview with the Housing Coordinator will be part of the assessment/placement process. Priority for admission to the Manor will be determined based on the information provided with this application. The applicant will be advised of their priority compared to other applicants, and vacancies will be the basis of the highest priority rating.

Requested date of occupancy: \_\_\_\_\_

Any other information or comments that would assist us in processing your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ certify that the foregoing information is correctly answered and I agree to abide by the regulations for living at the Manor of the Sylvan Lake Foundation.

\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

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