

**APPLICATION FOR ACCOMMODATION**  
**Senior Citizen Self-Contained Apartments**  
**SENIORS' HOMES & COMMUNITY HOUSING**  
**ADMINISTRATION OFFICE**

Room 137 A, 5201 – 50 Avenue, Wetaskiwin, Alberta, T9A 0S7  
Phone: 780-352-4435 Fax: 780-352-4458  
www.srshomes.com

Donna J. Andres, Housing Administrator

Kathy Wood, Chief Administrative Officer

This personal information is being collected under the authority of the Alberta Housing act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of *the Freedom of Information Protection of Privacy Act*.

I understand that this is just an application and that it is not an agreement on the part of Seniors' Homes & Community Housing, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Seniors' Homes & Community Housing, 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 Seniors' Homes & Community Housing, 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 consideration of my application.

I further agree that I am obligated to advise Seniors' Homes & Community Housing, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

**DOMINION OF CANADA** )  
**PROVINCE OF ALBERTA** )  
**TO WIT** )

**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, 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 City of Wetaskiwin or the Town of Millet, or the County of Wetaskiwin for \_\_\_\_\_ years,

In addition, 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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Manager

**FOR OFFICE USE ONLY:**  
**LOCATION PREFERENCE (in order of preference):**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

Received by: (who) \_\_\_\_\_

Date received: \_\_\_\_\_

**SENIORS' HOMES & COMMUNITY HOUSING**  
**APPLICATION FOR SENIORS SELF-CONTAINED UNITS IN WETASKIWIN & MILLET**

Instructions for completing application

Complete all questions supplying all of the requested information. If a question does not apply to your situation, mark N/A in the section. Space is allocated for any other information you would like to provide.

You are required to provide the following:

1. Documentation to verify income.
  - A copy of your most recent federal Notice of Assessment.
  - Verification of Alberta Seniors Benefit.

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED.**

If a translator was required to complete this application, please provide the following:

Translator's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

.....  
.....

**Please note that the applicant will be the person contacted should a room become available and in regards to approval and placement status. If we should be notifying anyone else also, please put the information here. If there is no requested alternate or copy of information listed here, there will be no expectation that anyone else will be notified.**

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1. Do you receive a cash benefit from the Alberta Seniors Benefit Program? Please include a copy of a cheque or letter from Alberta Seniors Benefit to verify.	YES	NO	
2. Have you applied for or do you receive the Guaranteed Income Supplement as part of your Old Age Security?	YES	NO	
3. Would you like us to assist you in applying for the Guaranteed Income Supplement and or the Alberta Seniors Benefits?	YES	NO	

*Since we are governed under the Alberta Housing Act and mandated by Alberta Seniors & Community Services, it is imperative that applicants have applied for, or are receiving their proper supplements. Our office is available to assist in applying for any benefits that you may be eligible for.*

<b>MONTHLY INCOME – VERIFIED WITH A COPY OF YOUR MOST RECENT NOTICE OF ASSESSMENT. PLEASE INCLUDE A COPY WITH YOUR APPLICATION</b>			
	INCOME SOURCE	APPLICANT	CO-APPLICANT
	OLD AGE SECURITY		
	GUARANTEED INCOME SUPPLEMENT		
	ALBERTA SENIORS BENEFIT		
	SPOUSE ALLOWANCE		
	CANADA PENSION PLAN		
	COMPANY PENSION		
	EMPLOYMENT INSURANCE		
	INTEREST		
	<b>TOTAL MONTHLY INCOME</b>		

Please list all investments and assets: (i.e. term deposits, real estate, savings, R.R.S.P., stocks, bonds, homes, boats, cars, RV, or any such assets)

INVESTMENT	ASSET	VALUE

Reason for wanting to move and any other related information you wish to provide to help in the placement process: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rent is based on 30% of your **TOTAL GROSS INCOME** and therefore, you will be asked to produce a copy of your most recent NOTICE OF ASSESSMENT OR income tax form. There is an additional charge for parking and utilities.

In order for you to obtain the information we require, your application will be held for two (2) weeks. After 2 weeks, if the required information is not received, your application will be cancelled.

**RESPONSIBLE PARTY STATEMENT**

**SENIORS' HOMES & COMMUNITY HOUSING**

Room 137 A, 5201 – 50 Avenue  
 Wetaskiwin, Alberta, T9A 0S7  
 Phone: 780-352-4435, Fax: 780-352-4458

**DIRECTIONS FOR COMPLETION:**

Please print clearly in all sections, and make sure that all blanks are properly filled. This statement is to be signed by an adult living outside of the facility. Couples, please do not use each other as the responsible party, as we will expect that you will answer for each other if one of you should become disabled or incapacitated. This statement is to assist us in the event that you should become incapacitated during your stay at the facility. All information is confidential and required only in case of an emergency.

**APPLICANT'S NAME:** \_\_\_\_\_



**PERSON OR PERSONS ASSUMING EMERGENCY RESPONSIBILITY FOR THE ABOVE APPLICANT.**

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
Postal Code: _____	Postal Code: _____
HOME PHONE #: _____	HOME PHONE #: _____
WORK PHONE #: _____	WORK PHONE #: _____
OTHER PHONE #: _____	OTHER PHONE #: _____
RELATIONSHIP TO APPLICANT: _____	RELATIONSHIP TO APPLICANT: _____

I (we) certify that I (we) will be totally responsible for the above named applicant in the event that the applicant is unable to answer for him/herself. If the applicant does not abide by all the rules and regulations as set up from time to time by the Board of Directors of Seniors' Homes & Community Housing, I (we) agree to remove the applicant from the facility within thirty (30) days of being notified. I (we) further agree that the Board's decisions are final and binding on all parties concerned. I (we) understand that Home Care Service is provided in the facility and if a resident requires special or nursing care after admission, they may be asked to accept Home Care Services in order to continue their residency at the facility, or else be requested to find alternate accommodation. If the requirements are beyond the capability of Home Care to supply, I (we) will be requested to find alternate accommodation for the applicant and assist in supplying the applicant's needs until such time as alternate placement is arranged.

**Signature of responsible parties:** \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Print name of Witness: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Housing Administrator: \_\_\_\_\_