



(Date Received: _____)

CONFIDENTIAL APPLICATION FOR ACCOMMODATION

1. Ensure you have read the Facilities Information included in your application package before selecting your preferred location(s).
2. Complete Application and return to the site office of the location being applied for.
3. Please note: Failure to complete application in its entirety will result in a processing delay.

A. LOCATION APPLYING FOR

LODGE LIVING:

Complete **Orange** & **Blue** sections (A-G,I-J)

Supportive Living Environment,
Income-Restricted, Services included

- Clover Bar Lodge
- Dr. Turner Lodge
- Silver Birch Lodge

SENIORS' APARTMENTS:

Complete **Orange** & **Blue** sections (A-G,I-J)

Independent Living, Income Restricted

- Apple Blossom Manor (RGTI)
- Dr. T.W.E. Henry House (RGTI)
- Fort Lions Haven (RGTI)
- Homestead Place (RGTI)
- Lakeside Legion Manor (RGTI)
- Silver Birch Manor (Affordable)

LODGE SUITES:

Complete **Orange** & **Green** sections (A-F,H-I)

Supportive Living Environment
No Income Restriction, Fee-based Services

- Silver Birch Haven

B. PERSONAL INFORMATION

PRIMARY APPLICANT

- Mr. Mrs. Miss Ms.

Name: _____ Phone #: _____
(Last) (First)

Address: _____
(Street/Box/Apartment) (Town/City) (Province) (Postal Code)

Age: _____ Birth Date: ____/____/____ Alberta Health Care #: _____
Day Month Year

Email Address: _____

Are you a: Canadian Citizen Landed Immigrant Other (specify) _____

CO-APPLICANT (IF APPLICABLE)

- Mr. Mrs. Miss Ms.

Name: _____ Phone #: _____
(Last) (First)

Address: _____
(Street/Box/Apartment) (Town/City) (Province) (Postal Code)
Age: _____ Birth Date: ____ / ____ / ____ Alberta Health Care #: _____
Day Month Year

Email Address: _____

Are you a: Canadian Citizen Landed Immigrant Other (specify) _____

NEXT OF KIN/EMERGENCY CONTACT

If we are unable to contact you, we will contact your next of kin should the need arise.

Name: _____ Relationship: _____

Home phone: _____ Email: _____

Address: _____ Postal Code: _____

Name: _____ Relationship: _____

Home phone: _____ Email: _____

Address: _____ Postal Code: _____

C. FACILITY PREFERENCE

First Choice: _____ Second Choice: _____

Why are you applying for Seniors Housing? _____

Have you ever had accommodation with Heartland Housing Foundation? Yes No

If yes, reason for leaving: _____

D. PLEASE CHECK IF YOU ARE RECEIVING ANY OF THESE SERVICES

- D.A.T.S/S.C.A.T.S Occupational Therapy Medical Alert System
- Bathing Meals on Wheels Physio Therapy
- Day Program Private Care (give contact name) _____
- Mental Health Services (give contact name) _____
- Home Care (give Home Care Coordinator's name) _____
- Social Assistance/A.I.S.H Worker (give contact name) _____
- Other (specify) _____

G. MONTHLY INCOME

All income must be verified upon acceptance as a tenant. Please provide a copy of your most recent income tax notice of assessment. (Haven applicants exempt.)

| INCOME (CURRENT MONTHLY) | APPLICANT \$ | CO-APPLICANT \$ | |
|---|-------------------------|---|--|
| Old Age Security and Guaranteed Income Supplement | | | |
| Alberta Seniors Benefit Program | | | |
| Spouse Allowance | | | |
| Canada Pension Plan | | | |
| Company Pension | | | |
| Employment Income | | | |
| Social Assistance | | | |
| Other Income (Specify) | | | |
| INVESTMENTS/ASSETS | VALUE \$ | INTEREST/ INCOME (MONTHLY) | INTEREST/ INCOME (YEARLY) |
| Chequing/Savings Accounts | | | |
| R.R.S.P/R.R.I.F | | | |
| Term Deposits/GIC's | | | |
| Bonds (Canada Savings/Alberta Bonds) | | | |
| Annuities | | | |
| Rental Properties | | | |
| Other Investment Income | | | |
| House | | | |
| Cottage/Vacation Home | | | |
| Recreational Vehicles | | | |
| Other (specify) | | | |



H. PREFERRED SILVER BIRCH HAVEN ACCOMMODATION

Single Tenants : Studio Unit 1-bedroom
Couples: 1-bedroom 2-bedroom

Are you currently on any of Heartland Housing Foundations' facilities waitlists? Yes No
If Yes, which facilities: _____

I. APPLICANT'S ACKNOWLEDGMENT

I understand that this is an application and not an agreement on the part of Heartland Housing Foundation to provide me with rental accommodation.

I further acknowledge the right of Heartland Housing Foundation, 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 Heartland Housing Foundation to investigate all the statements made in this application, being aware that discover of any false statement may cancel any further consideration of this application. I further agree that I am obligated to advise Heartland Housing Foundation, in writing, of any changes in family composition, employment, change of address, and gross family income and/or assets (as applicable), should they occur.

I understand that this information is being collected under the authority of the Freedom of Information and Protection of Privacy Act (32-C) and is required for the purpose of administering a housing program. Any questions or concerns should be directed to the FOIP Coordinator at Heartland Housing Foundation.

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.

Signature of Applicant

J. CONFIRMATION (to be completed by Commissioner of Oaths)

Declared before me at _____ on this date, _____.

Printed Name of Commissioner for Oaths

Signature of Commissioner of Oath

My Appointment Expires: _____

FOR OFFICE USE ONLY

Application Accepted
 Application Refused (Application Incomplete Does not Qualify Other _____)

Application Interview Scheduled for: _____