

## Application for Housing - Seniors

Thank you for considering a Heartland Housing Foundation (HHF) community as place to call home. This form is designed to help you decide which of our housing options meet your needs and what the steps are for applying. If at any point you have questions about this process, our staff are happy to help you. Please see below for contact information.

### WHAT HOUSING OPTIONS ARE AVAILABLE?

**Apartments:** Our apartments provide independent living options for seniors 65 years of age or older with affordable rent-geared-to-income and near market options dependent on income level.

**Lodges:** Our lodges offer rooms, meals, housekeeping and recreational opportunities for seniors over the age of 65 who can manage most daily tasks with or without support from community-based services (functionally independent). Our lodges include affordable rent-geared-to-income and near-market options.

### WHO IS ELIGIBLE TO APPLY?

- ☐ 65 years or older
- ☐ Canadian Citizen or Permanent Resident
- ☐ Can independently manage most daily tasks (e.g. personal hygiene, mobility, medication) with or without support from existing community-based services. (e.g. Homecare, Meals on Wheels, etc.)

### WHAT ARE THE STEPS TO FINDING YOUR NEW HOME?

#### Step 1 – Tour

You may tour any HHF community when safe and subject to staff availability. We encourage in-person tours to help you choose a community that is best suited for you. You may schedule a tour anytime during this process by calling the contact numbers listed in the Step 3 chart below. As an alternative, virtual tours and photos can be found on our website at [www.heartlandhousing.ca](http://www.heartlandhousing.ca).

#### Step 2 – Completing the Application

- ☐ Complete the application (starting on page 3) and include:
  - ☐ Proof of income – Income Tax Notice of Assessment (NOA), and if applicable, confirmation of your Alberta Seniors Benefit. A copy of your NOA may be requested from the Canada Revenue Agency at 1-800-959-8281.

### Step 3 – Submitting Your Application

- Please fax, mail, email or visit one of the three main locations. Our lodges accept applications for the apartments in their community listed below:

<b>Clover Bar Lodge</b>	<b>Dr. Turner Lodge</b>	<b>Silver Birch Lodge</b>
1040 Iris Evans Way Sherwood Park, AB T8H 2X5 <b>PH: (780) 467-7360</b> FX: (587) 456-0565 <a href="mailto:cbl@heartlandhousing.ca">cbl@heartlandhousing.ca</a>	9422 - 94 Avenue Fort Saskatchewan, AB T8L 0T7 <b>PH: (780) 998-3321</b> FX: (780) 998-0352 <a href="mailto:dtl@heartlandhousing.ca">dtl@heartlandhousing.ca</a>	914 Bison Way Sherwood Park, AB T8H 2C4 <b>PH: (780) 400-3600</b> FX: (780) 467-7018 <a href="mailto:sbl@heartlandhousing.ca">sbl@heartlandhousing.ca</a>
Community Apartments: <b>Lakeside Legion Manor</b> <b>Apple Blossom Manor</b>	Community Apartments: <b>Dr. T.W.E. Henry House</b> <b>Fort Lions Haven</b> <b>Homestead Place</b>	Community Apartments: <b>Silver Birch Manor</b> Near Market Lodge: <b>Silver Birch Haven</b>

### Step 4 – HHF Review of Your Application

Once we receive your application, a member of our team will review it. All applicants will be contacted upon receipt of their application within 3 business days. A staff member will collect any missing information and if you are eligible, set up a time at your preferred location to meet and learn more about you.

### Step 5 – Interview

The interview will give you further insight to your preferred community and help you ensure it meets your wellness needs and level of independence. Approved applications are prioritized based on need (e.g. housing need, risk level, degree of independence, and income).

An applicant who has a higher level of need will be offered accommodation or prioritized higher on our waitlist(s) as per Social Housing Accommodation Regulations. To better understand your needs, our staff may reach out to your preferred health or social support contacts that you provide on page 6. This will help us assess your priority of need.

After the interview, you will receive a letter confirming your status and if approved you will be added to your selected waitlist(s).

Thank you for choosing to apply for accommodation with Heartland Housing Foundation. We look forward to serving you!

## A. SELECT YOUR PREFERRED LOCATION(S) AND HOUSING PROGRAM

### Seniors Apartments – Independent Living without Supports:

- **Affordable Apartments** (income thresholds apply) – Rent Geared to Income (RGI) calculated rents based on 30% of the applicant's gross monthly income
  - **Near-Market Apartments** (income thresholds apply) – Fixed rental rates set annually at least 15% below comparable market rents
- ☐ Silver Birch Manor – **Near-Market** (Sherwood Park)
  - ☐ Apple Blossom Manor – **Affordable-RGI** (Sherwood Park)
  - ☐ Lakeside Legion Manor – **Affordable-RGI** (Sherwood Park)
  - ☐ Dr. T.W.E. Henry House – **Affordable-RGI** (Fort Saskatchewan)
  - ☐ Fort Lions Haven – **Affordable-RGI** (Fort Saskatchewan)
  - ☐ Homestead Place – **Affordable-RGI** (Josephburg)

### Lodge Accommodation – Independent Living with Supports:

- **Affordable Lodge\*** – Rent Geared to Income (RGI) calculated rents are based on 30% of the applicant's gross monthly income, plus a service package fee (meals, housekeeping, recreation and 24-hour non-medical staff support) and oversized room fee as applicable
- **Near-Market Lodge** – Fixed rental rates are set annually at 10-30% below market rates for similar programs. Rent includes a service package (meals, recreation and 24-hour non-medical staff support. Services such as housekeeping are considered optional and incur an additional fee for service)

➤ *\* Disposable income subsidy available for low-income residents in standard size units.*

- ☐ Clover Bar Lodge – **Affordable-RGI** (Sherwood Park)
- ☐ Silver Birch Lodge – **Affordable-RGI** (Sherwood Park)
- ☐ Silver Birch Haven – **Affordable-RGI – Studio units only** (Sherwood Park)
- ☐ Silver Birch Haven – **Near-Market** (Sherwood Park)
- ☐ Dr. Turner Lodge – **Affordable-RGI** (Fort Saskatchewan)

## B. PERSONAL INFORMATION

Do you have a co-applicant you are applying with?		<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please enter their information in this column.
	Primary Applicant	Co-Applicant
Legal Name	First:	First:
	Last:	Last:
Pronouns	<input type="checkbox"/> Female (she/her) <input type="checkbox"/> Male (he/him) Other (please provide) _____	<input type="checkbox"/> Female (she/her) <input type="checkbox"/> Male (he/him) Other (please provide) _____
Date of Birth	_____ / _____ / _____ <b>Month      Day      Year</b>	_____ / _____ / _____ <b>Month      Day      Year</b>
Citizenship Status	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored
	<input type="checkbox"/> Other (Specify) _____	
Primary Phone #		
Phone # Type	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>
Primary Email		

## C. CURRENT ACCOMMODATION (Include mailing address if different than current)

(Street/Box/Apartment)

(Town/City)

(Province)

(Postal Code)

Is your current accommodation: ☐ Owned ☐ Rented

☐ Temporary (staying with relatives) ☐ Other (Specify) \_\_\_\_\_

- *If you currently do not have a permanent address (e.g. live in a hotel, or staying with relatives), this will be considered when assessing your priority score.*

**If renting, please provide the name & phone number of your present landlord:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you authorize HHF to contact your landlord? ☐ Yes ☐ No

**\*Have you received a Notice to Vacate?** ☐ Yes ☐ No

- *\*The answer to this question will help us determine your housing need when assessing your priority score. If you answered yes, please include a copy in your application.*

## D. MONTHLY INCOME

Please fill in the table below and provide a copy of your most **recent Income Tax Notice of Assessment (NOA) from the Canada Revenue Agency**. This information will be used to determine affordable housing eligibility (income threshold) and may also be used to calculate your rent (applicable to RGI housing).

If you are applying to supportive lodge living, please also provide proof that you receive Alberta Seniors Benefit (if applicable) as this will help influence your priority score.

Please check the boxes that reflect which benefits you currently receive or have applied to.	APPLICANT	CO-APPLICANT
Old Age Security	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Income Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Alberta Seniors Benefit Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Affairs Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Amount on Line 15000 (Total Income) on your NOA	\$ _____	\$ _____

## E. ASSISTANCE WITH APPLICATION (IF APPLICABLE)

If someone helped you fill out this application and you would like us to contact them on your behalf if we have questions, please complete this section.

<b>Name:</b>	<b>Relationship:</b>
<b>Email:</b>	<b>Phone #:</b>
*By providing this information, you give HHF permission to contact or discuss information included in this application	<b>*Applicant's Signature:</b>

## F. AUTHORIZATION FOR RELEASE OF INFORMATION

Please list one or more of your **preferred health or social support contacts** that you authorize HHF to contact to determine your eligibility and functional independence for seniors housing. These may include but are not limited to, your home care nurse, current housing provider, or social worker (You are not required to list three contacts – but please list at least one).

<b>1.</b>	<b>Name:</b>	<b>Title:</b>
	Business Name:	Phone #:
<b>2.</b>	<b>Name:</b>	<b>Title:</b>
	Business Name:	Phone #:
<b>3.</b>	<b>Name:</b>	<b>Title:</b>
	Business Name:	Phone #:

I, \_\_\_\_\_, authorize the collection and disclosure of information regarding my health and social needs between Heartland Housing Foundation and my health care professionals, social workers, and designated contact person to determine my eligibility for housing. This authorization will remain valid from this date forward unless revoked by me in writing.

\_\_\_\_\_  
(Signature of Applicant)

## G. APPLICANT'S ACKNOWLEDGEMENT

I understand that this form 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 statements made in this application. I agree that I am obligated to advise Heartland Housing Foundation, in writing, of any changes in family composition, health status, change of address, and gross household income should they occur.

The personal information in this form is being collected by Heartland Housing Foundation (HHF) under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact the HHF FOIP Coordinator at Heartland Housing Foundation by phone at 780-400-3500 or by email to [info@heartlandhousing.ca](mailto:info@heartlandhousing.ca).

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date)

## H. ADDITIONAL INFORMATION (OPTIONAL)

**Where did you hear about Heartland Housing Foundation?**

- ☐ Website/Online Search   ☐ Brochure   ☐ Family & Community Services  
☐ Current HHF Resident   ☐ Newspaper   ☐ Facebook or Social Media  
☐ Other \_\_\_\_\_

## I. SUBMITTING YOUR APPLICATION

Please fax, mail, email or visit one of the three main locations. Our lodges accept applications for the apartments in their community listed below:

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**Thank you for your interest in calling a Heartland Housing Foundation community home. Once we receive your application, a member of our team will review it. All applicants will be contacted upon receipt of their application within 3 business days.**

<b><u>FOR OFFICE USE ONLY</u></b>		<i>Date Received</i>
Reviewed By: _____ Title: _____ Initials: _____		
<input type="checkbox"/> <b>Application Incomplete</b> Reason(s) _____		
<input type="checkbox"/> <b>Application Accepted</b>		
<input type="checkbox"/> <b>Application Ineligible</b> Reason(s) _____		
<input type="checkbox"/> <b>Applicant contacted on (date):</b> _____		