

APPLICATION FOR ACCOMMODATION--SENIOR CITIZENS

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NOTE: PLEASE ANSWER ALL QUESTIONS. (please print)

1. APPLICANT'S NAME: _____
(Last Name) (First Name)

DATE OF BIRTH: _____ SOCIAL INSURANCE NO: _____
OPTIONAL

ALBERTA HEALTH CARE NO: _____

2. CO-APPLICANT'S NAME: _____
(Last Name) (First Name)

DATE OF BIRTH: _____ SOCIAL INSURANCE NO: _____
OPTIONAL

ALBERTA HEALTH CARE NO: _____

3. ARE YOU A: _____ CANADIAN CITIZEN
 _____ LANDED IMMIGRANT
 _____ OR _____

4. PRESENT ADDRESS _____
P.O. Box/Apartment No./Street

_____ HOME TELEPHONE NO: _____
(City/Town/Village) (Postal Code)

ALTERNATE CONTACT PERSON: _____
(Name) (Telephone No.)

5. MONTHLY INCOME--ALL INCOMES MUST BE VERIFIED UPON ACCEPTANCE AS A TENANT.

Please provide a photocopy of your 2011 Notice of Assessment form with your application

OPTION 1: List your income as listed on Line 150 of your 2011 Notice of Assessment (or Reassessment):
 Applicant – Line 150 income = \$ _____ Co-Applicant – Line 150 income = \$ _____

OPTION 2: Complete the following information, only if a 2011 Notice of Assessment (or Reassessment) is not available! **Please note – T-4 information must be supplied with the application.**

	Applicant \$	Co-Applicant \$
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income: Specify _____	_____	_____
TOTAL:	_____	_____

ASSETS: Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, etc. (**Annuities, RRSP & RRIF are not to be included**).

INVESTMENTS / ASSETS	INTEREST / INCOME	
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____

6. IF YOU OR YOUR CO-APPLICANT HAVE EMPLOYMENT INCOME (S), PLEASE STATE THE NAMES AND ADDRESS (ES) OF THE EMPLOYER (S).

NAME OF YOUR EMPLOYER: _____

ADDRESS: _____ TELEPHONE NO.: _____

NAME OF YOUR CO-APPLICANT'S EMPLOYER: _____

ADDRESS: _____ TELEPHONE NO.: _____

7. DO YOU OWN OR RENT YOUR PRESENT ACCOMMODATION: _____ OWN _____ RENT
 PRESENT RENT OR HOUSE PAYMENT IS \$ _____ PER MONTH, PLUS \$ _____ FOR HEAT AND
 \$ _____ FOR LIGHT, WATER AND SEWER.

8. IF RENTING, NAME OF YOUR PRESENT LANDLORD: _____

ADDRESS: _____

TELEPHONE NO.: _____

9. IS YOUR PRESENT ACCOMMODATION A: _____ APARTMENT----ELEVATOR {___} YES {___} NO
 _____ ROOMING HOUSE _____ MOTEL/HOTEL _____ OTHER _____

10. ROOMS IN YOUR PRESENT ACCOMMODATION: {___} KITCHEN {___} LIVING ROOM {___} DINING ROOM
 _____ BATHROOM _____ NUMBER OF BEDROOMS

11. NUMBER OF PERSON (S) SHARING YOUR PRESENT ACCOMMODATION: _____ ADULTS _____ CHILDREN

12. DOES ANY MEMBER OF YOUR HOUSEHOLD REQUIRE ACCOMMODATION ADAPTED FOR A SPECIAL NEED
 (I.e., WHEELCHAIR ACCESSIBILITY, ETC.) _____

FAMILY DOCTOR'S NAME: _____

ADDRESS: _____ TELEPHONE NO.: _____

13. DO YOU SHARE WITH OTHER OCCUPANTS THE USE OF THE KITCHEN, BATHROOM, OR BEDROOM? YES NO
 IF YES, NUMBER OF PERSON(S) SHARING KITCHEN _____
 NUMBER OF PERSON(S) SHARING BATHROOM _____
 NUMBER OF PERSON(S) SHARING BEDROOM _____

14. IS YOUR SHOWER AND/OR BATHTUB, TOILET AND WASHBASIN ALL LOCATED IN YOU'RE BATHROOM?
 (___) YES (___) NO IF NO, PLEASE GIVE DETAILS: _____

