



**Application for Seniors
Self-Contained
Apartments**

Please return completed form to:
122 – 5th Avenue South
Lethbridge, AB T1J 0S9
Phone: (403) 328-1155
Fax: (403) 328-6370
E-Mail: info@greenacres.ab.ca

PLEASE PRINT CLEARLY

If you prefer a specific facility, please indicate below:

- | | |
|---|---|
| <input type="checkbox"/> Blue Sky Manor | <input type="checkbox"/> Golden Acres Cottages |
| <input type="checkbox"/> Legion Arms | <input type="checkbox"/> Legion Place |
| <input type="checkbox"/> Legion Terrace | <input type="checkbox"/> Piyami Manor (Picture Butte) |
| <input type="checkbox"/> Rosebutte Apartments (Nobleford) | <input type="checkbox"/> Sunny South Manor (Coaldale) |
| <input type="checkbox"/> Sunny South Villa (Coaldale) | <input type="checkbox"/> Wheatheart Apartments (Barons) |

1. Applicant's Name: _____
(Last Name) (First Name)

Present Address: P.O. Box or Street Address.: _____
City, Town or Village: _____
Postal Code: _____ Telephone No.: _____
Length of Tenancy: _____

Date of Birth: _____ (mm/dd/yyyy)

Present Landlord's Name and Address: _____

Landlord's Telephone Number: _____

2. Co-Applicant's Name: _____
(Last Name) (First Name)

Present Address: P.O. Box or Street Address.: _____
City, Town or Village: _____
Postal Code: _____ Telephone No.: _____
Length of Tenancy: _____

Date of Birth: _____ (mm/dd/yyyy)

Present Landlord's Name and Address: _____

(If different from above) _____

Landlord's Telephone Number: _____

3. Have you lived in a Green Acres Foundation facility in the past? Yes No

If yes, which facility? _____

4. Marital Status: Married Widow/er Single
 Separated Divorced Adult Interdependent Relationship

5. Are you a: Canadian Citizen
 Landed Immigrant
 or _____

6. Name of person(s) to be contacted in **case of an emergency** (if none available, please list closest friends):

1. Name: _____ Address: _____
Relationship: _____ Telephone No.: _____

2. Name: _____ Address: _____
Relationship: _____ Telephone No.: _____

7. Please list all assets:

Own Home: Value: \$ _____ Mortgage Amount: \$ _____

Own Vehicle: Value: \$ _____ Year/Make/Model: _____

Investments: Value: \$ _____ License Plate Number: _____

Other Value: \$ _____ RRSPs: \$ _____

Total Cash & Bank Deposits: \$ _____

Name of Bank: _____ Branch: _____

8. If you or your Co-Applicant have employment income(s), please state the name(s) and address(es) of the employer(s):

Name of your Employer: _____

Address: _____ Telephone No.: _____

Name of your Co-Applicant's Employer: _____

Address: _____ Telephone No.: _____

9. Describe your present accommodation: Own Rent

Type of Dwelling: _____

Total number of bedrooms: _____ Number of Bathrooms: _____

Rental payments: \$ _____

Do rental payments include: Heat Yes No Electricity Yes No Water Yes No

Is the dwelling shared with another family? Yes No

Number of person(s) sharing your present accommodation: _____ Adults _____ Children

10. Do you and/or the co-applicant require accommodation adapted for special needs (i.e., wheelchair accessibility, etc.)? Yes No

If yes, please give details: _____

11. Family Doctor's Name: _____

Clinic: _____ Telephone No.: _____

12. Do you have a pet? Yes No

If YES, what kind(s) and how many of each? _____

13. When are you prepared to move? _____

14. Reasons for wanting to move: _____

15. If you have been given an "Eviction Notice", please submit a copy of the notice and state the reason for eviction:

16. References (not relatives)

1. _____

2. _____

Phone: _____

Phone: _____

Other related information you wish to provide:

I understand that this application does not constitute an agreement on the part of Green Acres Foundation to provide me with rental accommodation.

I further acknowledge the right of the Green Acres Foundation at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given. I hereby authorize you to make any inquiries you deem necessary to verify facts contained herein by any method the Green Acres Foundation deems necessary being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise the Green Acres Foundation, in writing, of any changes in family composition, gross income, assets, employment, or change of address, should they occur.

Witness

Applicant

