



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

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) Alberta Health Care Number _____

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) Alberta Health Care Number _____

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. Do you, or have you ever lived in a building that had bed bugs? Yes No

If yes, where? _____

17. References (not relatives)

1. _____

2. _____

Phone: _____

Phone: _____

Eligibility Criteria:

To be eligible for tenancy, the tenant must be at least 65 years of age, in core need, a Canadian Citizen or individuals lawfully admitted into Canada for permanent residence, have the mental and physical capabilities to perform daily living skills independently with controlled behaviour, good judgment/ decision making abilities and be physically mobile with or without the aid of a cane, walker or wheelchair. The Resident must have continence of bowels and bladder or self-managed incontinence.

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

Co-Applicant

Income Information

Provide the Gross Income (before deductions) from **all sources** for **all persons** listed on this application. This includes all income received from any type of pension, employment (including self-employment), etc.

Type of Income	Applicant	Co-Applicant
Old Age Pension and Supplement		
Canada Pension		
War Veterans Pension		
Alberta Seniors Benefit		
Disability Pension		
Employment Income		
Self-Employment Income		
Employment Insurance Benefits		
Worker's Compensation		
Company Pension/Superannuation		
AISH (Assured Income for the Severely Handicapped)		
Income Derived from Assets		
Other Income (please specify)		

Statutory Declaration

Dominion of Canada) In the matter of this application for dwelling
 Province of Alberta) accommodation in the Housing Project.

I/We, _____ of the city of _____ in
 the Province of _____, do solemnly declare as follows:

1. That I/We am/are the applicant(s) named in the said application;
2. That any statements made by me/us in the said application are to be the best of my/our knowledge, information and belief, full and true in all respects;
3. That I/We have resided in the province of Alberta for _____ years of my/our life and in the district for _____ years:

And I/We 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 _____)	_____
)	Signature of Applicant
in the Province of Alberta)	
)	
this _____ day of _____, 20__)	_____
)	Signature of Applicant

 A Commissioner for Oaths in and
 for the Province of Alberta