

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

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

Date of Birth: _____ (mm/dd/yyyy) Alberta Health Care Number _____

Do you use any mobility aids? Yes No

If yes, what type: Cane Walker Manual Wheelchair Electric Wheelchair Other _____

Are you a: Canadian Citizen Landed Immigrant Other _____

Family Doctor's Name: _____

Clinic: _____ Telephone No.: _____

Do you receive Home Care to help with personal care and/or bathing assistance? Yes No

Who is your Home Care Case Manager? _____

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

Date of Birth: _____ (mm/dd/yyyy) Alberta Health Care Number _____

Do you use any mobility aids? Yes No

If yes, what type: Cane Walker Manual Wheelchair Electric Wheelchair Other _____

Are you a: Canadian Citizen Landed Immigrant Other _____

Family Doctor's Name: _____

Clinic: _____ Telephone No.: _____

Do you receive Home Care to help with personal care and/or bathing assistance? Yes No

Who is your Home Care Case Manager? _____

Marital Status: Married Widowed Single
 Separated Divorced Adult Interdependent Relationship

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

Present Landlord's Name and Address: _____

Landlord's Telephone Number: _____

Landlord's Email Address: _____

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

If yes, which facility? _____

4. Name of person(s) to be contacted in **case of an emergency**:

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

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

5. Please list all assets:

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

Investments: Value: \$ _____ RRSPs/RIFs: \$ _____

Total Cash & Bank Balance: \$ _____ Other: _____ Value: \$ _____

Name of Bank: _____ Branch: _____

6. 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.: _____

7. Describe your present accommodation: Own Rent Live with Family Social Housing
 Other _____

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

8. Vehicle (if applicable): Year/Make/Model: _____ License Plate Number: _____
9. 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: _____
10. Do you have a pet? Yes No
If YES, what kind(s) and how many of each? _____
11. When are you prepared to move? _____
12. Reasons for wanting to move: _____

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

14. Do you, or have you ever lived in a building that had bed bugs? Yes No
If yes, where? _____
15. References (not relatives)
- | | |
|--------------|--------------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| Phone: _____ | Phone: _____ |

Eligibility Criteria:

To be eligible for tenancy, the applicant 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 applicant 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, health/medical condition or change of address, should they occur.

Witness

Applicant

Co-Applicant

