

**PLEASE PRINT CLEARLY**

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  Widow/er  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

# 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)		
RRSPs/RIFs		
Foreign Pension		
Income Derived from Assets		
Other Income (please specify)		

## Statutory Declaration

Dominion of Canada )  
Province of Alberta ) In the matter of this application for dwelling  
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