



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

1. Applicant Name: \_\_\_\_\_  
(Last Name) (First Name)

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

Present Address: P.O. Box or Street Address.: \_\_\_\_\_

City, Town or Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Length of Tenancy: \_\_\_\_\_

Are you a:  Canadian Citizen  Landed Immigrant  Other \_\_\_\_\_

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

Do you use any mobility aids?  Yes  No

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

2. Co-Applicant Name: \_\_\_\_\_  
(Last Name) (First Name)

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

Are you a:  Canadian Citizen  Landed Immigrant  Other \_\_\_\_\_

Do you use any mobility aids?  Yes  No

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

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

a) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

b) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

4. Applicant's 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? \_\_\_\_\_  
 Co-Applicant's 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? \_\_\_\_\_
5. Present Landlord's Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Landlord's Telephone Number: \_\_\_\_\_  
 Landlord's Email Address: \_\_\_\_\_
6. Have you lived in a Green Acres Foundation facility in the past?  Yes  No  
 If yes, which facility? \_\_\_\_\_
7. Please list all assets:  
 Own Home: Value: \$ \_\_\_\_\_ Mortgage Amount: \$ \_\_\_\_\_  
 Investments: Value: \$ \_\_\_\_\_ RRSPs/RIFs: \$ \_\_\_\_\_  
 Total Cash & Bank Balance: \$ \_\_\_\_\_ Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 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  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
10. Vehicle (if applicable): Year/Make/Model: \_\_\_\_\_ License Plate Number: \_\_\_\_\_
11. 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: \_\_\_\_\_

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 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. I understand that I am required to provide my Notice of Assessment to Green Acres Foundation by June 1st of each year for the previous tax year.

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Co-Applicant