



Application for Seniors Cottages

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

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 _____

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 _____

3. 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: _____

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.

Witness

Applicant

Co-Applicant

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