



## Application for Seniors Self-Contained Apartments

Please return completed form to:  
122 – 5th Avenue South  
Lethbridge, AB T1J 0S9  
Phone: (403) 328-1155 Ext. 234  
Fax: (403) 328-6370  
E-Mail: [info@greenacres.ab.ca](mailto:info@greenacres.ab.ca)

This confidential information is being collected in accordance with the Alberta Housing Act, in that it relates directly to and is necessary to determine eligibility of applicants for the Green Acres Foundation Apartment program. Personal information contained herein may be disclosed if deemed necessary to assess eligibility of applicants. For further information please contact the FOIP (Freedom of Information and Protection of Privacy) Coordinator for Green Acres Foundation at (403) 328-1155.

To process your application, please attach a copy of your **Canada Revenue Agency Notice of Assessment** from the most recent tax year. Incomplete applications or applications submitted without all requested information will not be processed until completed in full.

### PLEASE PRINT CLEARLY

If you prefer a specific facility, please indicate below:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Blue Sky Manor | <input type="checkbox"/> Abbey Road Terrace             | <input type="checkbox"/> Rose Butte Apartments (Nobleford) |
| <input type="checkbox"/> Legion Arms    | <input type="checkbox"/> Sunny South Villa (Coaldale)   | <input type="checkbox"/> Piyami Manor (Picture Butte)      |
| <input type="checkbox"/> Legion Place   | <input type="checkbox"/> Sunny South Manor (Coaldale)   |  |
| <input type="checkbox"/> Legion Terrace | <input type="checkbox"/> Wheatheart Apartments (Barons) |  |

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: \_\_\_\_\_ Province: \_\_\_\_\_ 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. Emergency Contact(s):
- a) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- b) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_
4. 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:  
 Do you receive Home Care to help with personal care and/or bathing assistance?  Yes  No  
 Who is your Home Care Case Manager? \_\_\_\_\_
5. Have you lived in a Green Acres Foundation facility in the past?  Yes  No  
 If yes, which facility? \_\_\_\_\_
6. Please list all assets:
- |                            |                 |                           |
|----------------------------|-----------------|---------------------------|
| Own Home:                  | Value: \$ _____ | Mortgage Amount: \$ _____ |
| Recreation Vehicle/Trailer | Value: \$ _____ | Annuities Value: \$ _____ |
| Total Cash & Bank Balance: | \$ _____        | RRSPs/RIFs: \$ _____      |
- Do you receive the Alberta Seniors Benefit  Yes  No If yes, amount: \$ \_\_\_\_\_  
 Do you receive any other benefits? \_\_\_\_\_  
 Do you receive Meals on Wheels?  Yes  No If yes, how often? \_\_\_\_\_
7. 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.: \_\_\_\_\_
8. Describe your present accommodation:
- Own       Rent       Live with Family       Social Housing       Other \_\_\_\_\_
- Type of Dwelling: \_\_\_\_\_ Total number of bedrooms: \_\_\_\_\_  
 Number of Bathrooms: \_\_\_\_\_ Monthly rental/mortgage 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  
 Present Landlord's Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Landlord's Telephone Number: \_\_\_\_\_  
 Landlord's Email Address: \_\_\_\_\_
9. Do you and/or the co-applicant require accommodation adapted for accessibility (e.g. wheelchair accessibility)?  
 Yes  No If yes, please give details: \_\_\_\_\_

10. Does your present accommodation have stairs that you need to use on a regular basis?  Yes  No  
Please describe: \_\_\_\_\_
11. Do you have a pet?  Yes  No If yes, what kind(s) and how many of each? \_\_\_\_\_
12. When are you prepared to move? \_\_\_\_\_
13. Reason(s) for wanting to move: \_\_\_\_\_  
\_\_\_\_\_
14. If you have been given an "Eviction Notice", please submit a copy of the notice and state the reason for eviction:  
\_\_\_\_\_  
\_\_\_\_\_
15. Do you, or have you ever lived in a building that had bed bugs?  Yes  No  
If yes, where? \_\_\_\_\_
16. 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 Green Acres Foundation to make any inquiries deemed necessary to verify facts contained herein. Any false statement(s) 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.

I attest that the information contained in this application is true to the best of my knowledge.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

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

For information about programs, benefits, and services for seniors, call the  
Alberta Supports Centre line at 1-877-644-9992

## **Authorization to Obtain Information and Consent to Disclose Information**

Eligibility for social housing accommodation and the calculation of rent throughout the residency is based upon information provided by the applicant(s) and upon up-to-date information which is to be provided by the applicant(s) during the period of the residency. The information referred to in this authorization may be requested or disclosed for the purpose of assisting Green Acres Foundation in verifying household and income information contained in an application for social housing accommodation, assessing and verifying initial and on-going eligibility for social housing accommodation, verifying initial and on-going household income and financial circumstances in order to calculate or recalculate rent payable for social housing accommodation pursuant to the **Social Housing Accommodation Regulations** under the **Alberta Housing Act**.

Many employers or agencies who furnish assistance and/or benefits or others with whom you might deal, will not release information without the written consent of the employee, the applicant(s), or a person with whom they deal. We, therefore, request the following to be signed by the applicant(s).

### **I/We do hereby authorize and consent to the following:**

1. Green Acres Foundation (GAF) or its designate to verify all information provided to GAF relating to this application for housing and any future information provided to GAF throughout the entire tenancy period. Such information may be verified by GAF or its designate making inquiries of and obtaining information (including personal information) from previous, current and future employers; credit bureaus; financial institutions; federal, provincial or municipal government departments, offices, agencies and boards; previous landlords; and others from whom I/ We receive income or benefits;
2. GAF or its designate to disclose any information (including personal information) and to provide copies of documents in the possession of Green Acres Foundation to all federal, provincial and municipal government departments, offices, agencies or boards; interpreters; credit bureaus; financial institutions; future landlords; past, current or future employers; and others from whom I/We receive income or benefits;
3. All past, current and future employers or other from whom I/we receive income or benefits; credit bureaus; financial institutions; federal, provincial and municipal government departments, offices, agencies and boards to release such information concerning myself/us, as may be requested by GAF (including personal information) to GAF;
4. All past and current landlords to provide to GAF such information as may be requested by GAF concerning my tenancy with such landlords (including personal information) including the period of tenancy, the rent payable, the payment history of rent by myself/us, the manner in which I/we kept the interior and exterior of the property rented, whether there are any complaints to the landlord concerning myself/us as a tenant and particulars of any such complaints, and where there are any breaches of the tenancy agreement with the landlord and particulars of any such breaches.

**I/We do hereby agree** that this Authorization to Obtain Information and Consent to Disclose Information cannot be revoked by me while I am a resident under a residential agreement with Green Acres Foundation as Landlord, while I am an occupant of any social housing accommodation owned or managed by Green Acres Foundation and following the end of such tenancy or occupancy while Green Acres Foundation is carrying on any investigation as to the accuracy and completeness of information provided by me to Green Acres Foundation.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_