



APPLICATION FOR SELF-CONTAINED ACCOMMODATION

FACILITY REQUESTED:

- | | |
|---|--|
| <input type="checkbox"/> EVERGREEN MANOR
300 Ross Ave. Cochrane, Alberta | <input type="checkbox"/> CROSSROADS MANOR
216 – 4 th Street, Beiseker, Alberta |
| <input type="checkbox"/> DR. WHILLANS MANOR
1237 Osler Ave, Crossfield, Alberta | <input type="checkbox"/> DIAMOND JUBILEE SUITES
112 Bowers Street, Airdrie, Alberta |
| <input type="checkbox"/> DIAMOND JUBILEE MANOR
112 Bowers Street, Airdrie, Alberta | |

NOTE: These suites have a set market rent rate of \$820.00 per month. They are not eligible for 30% income rental subsidy

PERSONAL INFORMATION: This personal information is being collected under the authority of the Residential Tenancies Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

Applicant's Name: _____ **Date of Birth:** _____
(last name) (first name) (month/day/year)

Date of Application: _____ **Alberta Health Care:** _____

Citizenship Status:

- Canadian Citizen/Landed Immigrant
 Sponsored Immigrant

Present Address: _____

Please include Mailing Address if different _____
City/Town/Village Postal Code

How long at present address? _____

Home No. _____ **Cell No.** _____

Email Address: _____

Marital Status:

- | | | |
|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Common-law |

Co-Applicant's Name: _____ **Date of Birth:** _____
(last name) (first name) (month/day/year)

Friend/Family Contact: _____ **Relationship to applicant:** _____
(Name) (Phone No.)

Character/Landlord Reference: _____
(Name) (Phone No.)

MONTHLY INCOME: Please provide a copy of your most recent Notice of Assessment

	Applicant	Co-Applicant
Old Age Security and Guaranteed Supplement	\$ _____ Yr.	\$ _____ Yr.
Alberta Seniors' Benefit	\$ _____ Yr.	\$ _____ Yr.
Spouse Allowance	\$ _____ Yr.	\$ _____ Yr.
Canada Pension Plan	\$ _____ Yr.	\$ _____ Yr.
Company Pension	\$ _____ Yr.	\$ _____ Yr.
Employment Income	\$ _____ Yr.	\$ _____ Yr.
Social Assistance or Other Income	\$ _____ Yr.	\$ _____ Yr.
Interest and Investment Income	\$ _____ Yr.	\$ _____ Yr.
RRIF, RRSP or Annuity Income	\$ _____ Yr.	\$ _____ Yr.
Other Income (Specify): _____	\$ _____ Yr.	\$ _____ Yr.
Total:	\$ _____ Yr.	\$ _____ Yr.

If you or your co-applicant has employment income(s), please state the name and addresses of your employer(s).

Applicant's Employer: _____ **Phone No.** _____

Address: _____

Co-Applicant's Employer: _____ **Phone No.** _____

Address: _____

ASSETS: List all investments and/or assets and interest income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate (house), RRSP, etc. Note: Essential, personal household effects such as clothes and furniture are not included.

Investment/Asset Description	Value	Interest/Income
_____	\$ _____	Monthly \$ _____
_____	\$ _____	Monthly \$ _____
_____	\$ _____	Monthly \$ _____
Total \$	\$ _____	Total \$ _____

Do you own a vehicle? Yes No

Please state the year and make of vehicle: _____

Estimated resale value: _____

CURRENT ACCOMMODATIONS:

Do you own or rent your present accommodation: Own Rent

Present rent or house payment is \$_____ per month, plus \$_____ for heat, light, water, and sewer.

If renting, please provide the name of your present landlord: _____

Address: _____ **Phone No.** _____

Is your present accommodation a...

- House Rooming House Other: _____
 Apartment Motel/Hotel

Rooms in your present accommodation:

- No. of Bedrooms: _____ Dining Room Kitchen
 No. of Bathrooms: _____ Living Room

Number of persons sharing your present accommodation: _____ / _____
(Adults) (Children)

Name: _____ **Relationship:** _____

Do you share use of the kitchen, bathroom, or your bedroom with other occupants? Yes No

If yes, # of persons (including yourself) sharing the kitchen: _____ / **bathroom:** _____ / **bedroom:** _____

Are your shower/bathtub/toilet/washbasin all located in your bathroom? Yes No

If no, please give details: _____

Are your stove/fridge/cupboards/counter space/sink all located in your kitchen?

Yes No **If no, please give details:** _____

Reason for wanting to move: _____

If you have been given a "Notice to Vacate"/ "Eviction Notice", please submit a copy of the notice and state the reason for the eviction: _____

Do you currently support a dependent adult/child? Yes No

Please check off any of the following population groups that apply to yourself or the co-applicant:

- Indigenous Peoples Veteran
 Individual fleeing violence or leaving second stage shelter * Recent Immigrant or Refugee (in Canada less than 5 years)
 At risk of or transitioning out of homelessness * Racialized group
 People dealing with mental health or recovering from addiction * Identify with diverse concepts of gender identity and expression or sexual orientation

*** Please contact FCSS or Community Links if you check (*) this category. Supporting documentation may be required.**

MEDICAL:

Do you have difficulty managing stairs? Yes No

Do you require any home care assistance? Yes No

If so, please state the type of assistance and name of RN or social worker: _____

Are you currently on oxygen? Yes No

Do you smoke? Yes No

Do you or your co-applicant require accommodations adapted for special needs (i.e. wheel chair accessible)? Yes No

Please state any physical disabilities: _____

Family Doctor Name: _____ Phone No. _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Home No. _____

Address: _____ Work/Cell No. _____

Name: _____ Relationship: _____ Home No. _____

Address: _____ Work/Cell No. _____

VALIDATION OF INFORMATION:

I understand that this application does not constitute an agreement on the part of Rocky View Foundation to provide me with rental accommodation.

I further acknowledge the right of the Rocky View Foundation, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize the Rocky View Foundation, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree I am obligated to advise the Rocky View Foundation, or its agents, in writing of any changes in family composition, gross family income, assets, employment, or change of address should they occur.

Signature of Witness

Signature of Applicant

Signature of Co-Applicant

The personal information collected through Rocky View Foundation is for the purpose of application for subsidized housing or rental benefits. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact the Housing Manager at Rocky View Foundation, 403-945-9724, or mail to Rocky View Foundation #103, 58 Gateway Dr. N.E. Airdrie, AB. T4B 0J6.