Application for Accommodation - Senior Citizens Self-Contained

(Confidential)

Please Read Carefully

Location Preference (if any): #1 _____ Preference #2 _____

I understand that this is just an application and that it is not an agreement on the part of BRAZEAU FOUNDATION, or its agents, to provide me with rental accommodation.

I further acknowledge the right of BRAZEAU FOUNDATION, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize BRAZEAU FOUNDATION, or its agents to investigate any or all of the statements made by me in this application, 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 BRAZEAU FOUNDATION, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

_____ _____

Signature of Witness Signature of Applicant

DOMINION OF CANADA)
PROVINCE OF ALBERTA)

IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.

I, _____, of the _____of_____, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in this application;

2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;

3. That I have resided in the Province of Alberta for _____ years of my life and in the _____ of _____for _____ years;

And I 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)
in the Province of Alberta, this)
day of , 20)

_____
Signature of Applicant

_____
Signature of Co-Applicant

_____
A Commissioner for Oaths in and for the Province of Alberta

_____ My Appointment Expires on _____
Printed Name of Commissioner of Oaths (Day/Month/Year)

FOR OFFICE USE ONLY:

Received by:_____ **Date Received:**_____

1. Applicant's Name: _____
(Last name) (First Name)
Date of Birth: _____
(day/month/year)
Personal Health Care No.: _____

Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

2. Co-Applicant's Name: _____
(Last Name) (First Name)
Date of Birth: _____
(day/month/year)
Personal Health Care No.: _____

3. Are you a: ☐Canadian Citizen ☐ Landed Immigrant ☐ or _____

4. Present Address: _____
(P.O Box/Apartment/Street)
_____ Home Telephone No.: _____
(City/Town/Village) (Postal Code)
How long there? _____

If less than 1 year explain: _____

_____

5. Next of Kin/Friends:

Name: _____Relationship: _____Ph(hm): _____

Address: _____Ph(wk): _____
Box /Apart. /Street Town/City Province PC

Name: _____Relationship: _____Ph(hm): _____

Address: _____Ph(wk): _____
Box /Apart. /Street Town/City Province PC

6. Do you have a will? Yes ☐ No ☐ Executor: _____

Address: _____
(Box/Apartment/Street) (Town/City) (Province) (PC)

Phone (home): _____ Phone (work): _____

7. Family Doctor's Name: _____

Address: _____Phone No.: _____

8. If you are on Social Assistance, please state the name, office address and telephone number of your Social Worker.

Name: _____ Address: _____

Phone: _____

9. MONTHLY INCOME - **All income will be verified prior to move-in.**

	APPLICANT	CO-APPLICANT
Old Age Security and Guaranteed Income Supplement		
Alberta Seniors' Benefit		
Spouse Allowance		
Canada Pension Plan		
Company Pension		
War Veterans Allowance		
War Disability Pension		
Employment Income		
Social Assistance		
Other Income: Specify		
TOTAL:		

ASSETS: Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, registered retirement savings plan, etc.

INVESTMENTS/ASSETS	VALUE	INTEREST/INCOME	
	$	Yearly $	Monthly $
	$	Yearly $	Monthly $
	$	Yearly $	Monthly $
	TOTAL$	TOTAL $	TOTAL $

10. 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.: _____

11. Do you own or rent your present accommodation: ☐ Own ☐ Rent
Present rent or house payment is $ _____ per month, plus $_____ for heat, $_____ for light, and $_____ water and sewer.

12. If renting, name of your present Landlord: _____

Address: _____ Telephone No.: _____

13. Is your present accommodation: ☐ House ☐ Apartment - Elevator ☐ Yes ☐ No ☐ Rooming House ☐ Motel/Hotel ☐ Other _____

14. Rooms in your present accommodation: ☐ Kitchen ☐ Living Room ☐ Dining Room
Number of Bathrooms_____ Number of Bedrooms _____

15. Number of person(s) sharing your present accommodation: _____ Adults _____ Children

16. Does any member of your household require accommodation adapted for a special need i.e., wheelchair accessibility, etc. _____

17. Do you share with other occupants the use of the kitchen? ☐ Yes ☐ No
The bathroom? ☐ Yes ☐ No, or Your bedroom? ☐ Yes ☐ No

If YES, Number of Person(s) sharing the kitchen_____ bathroom_____ bedroom _____

18. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom?

☐ Yes ☐ No. If NO, please give details: _____

_____

19. Are your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen? ☐ Yes ☐ No. If NO, please give details: _____

_____

20. Do you have a pet? ☐ Yes ☐ No
If YES, what kind(s) and how many of each? _____

21. Will you require a parking stall? ☐ Yes ☐ No

If Yes: Year _____ Make _____ Model _____

Color _____ License No. _____

22. Have you been given a "NOTICE TO VACATE"? ☐ Yes ☐ No If YES, Please submit a copy of the notice and state the reason for the eviction:

_____

23. Reason for wanting to move and other related information you wish to provide:

_____

_____

_____

_____

_____

_____

APPLICATION FOR SENIORS' APARTMENT ACCOMMODATION **(Medical 1)**
CONFIDENTIAL MEDICAL REPORT

This medical information is required by *Brazeau Foundation* for all applicants seeking tenancy in *Brazeau Foundation* senior citizens' apartment accommodation.

Name: _____ Date of Birth (d/m/yr.):_____

Address: _____ Phone:_____

Box #/Apartment #/Street Town/City Province Postal Code

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION TO BRAZEAU FOUNDATION

Signature of Applicant:_____ Date: _____

Examining Physician: (Please Print) _____

Address: _____ Phone:_____

Box #/Apartment #/Street Town/City Province Postal Code

How long has the applicant been your patient? _____ Date Examined:_____
(day/month/year)

NOTE: **Tenancy in a seniors' apartment building is subject to the applicant being capable of maintaining their accommodation and meeting their own personal needs.**

Any charge for completion of this form is the responsibility of the applicant.

PHYSICAL EXAMINATION: Height:_____ Weight :_____

	Good	Impaired	Comments
Sight			If impaired, wears glasses ☐
Hearing			If impaired, wears hearing aid ☐
Mobility			If impaired, uses: cane ☐ walker ☐ wheelchair ☐
Communication			If impaired, due to:

MEDICAL DIAGNOSIS	PROGNOSIS	COMMENTS
1.		
2.		
3.		
4.		

INFECTIOUS DISEASE/TEST	DATE OF LAST TEST	RESULTS
Tuberculosis Skin Test		
TB - Chest X-Ray		
HGB Test		
Urinalysis		

CURRENT MEDICATION	DOSAGE	FREQUENCY
Oxygen: Yes ☐ No☐	If yes,	If yes,

Is the applicant independent in complying with their medication regime? **Yes** ☐ **No** ☐ If no, please describe the assistance you would recommend _____

_____

ALLERGIES, INCLUDING DRUG INTOLERANCES:

ACTIVITIES OF DAILY LIVING: place a check (4) in the appropriate column, include comments

ASSISTANCE	NONE NEEDED	SUPERVISION	PARTIAL	FULL
Washing				
Grooming/Shave				
Dressing				
Bathing				
Feeding				
Toileting				

INCONTINENCE: place a check (4) in the appropriate column, include comments

	NONE	PARTIAL	COMPLETE	INTERVENTION	MANAGES CARE
Bladder				Catheter ☐	YES ☐ NO☐
Bowel				Colostomy☐	YES ☐ NO☐

MENTAL CONDITION: place a check (4) in the appropriate column, include comments

	NO	SOMETIMES	YES
Co-operative?			
Aggressive?			
Wanderer?			
Confused?			
Destructive?			
Unpleasant Habits?			
Dementia?			

Do you consider this applicant to be mentally and physically suitable to look after him/herself in a seniors' self-contained apartment? **Yes** ☐ **No** ☐

Comments: _____

_____

Doctor's Signature:_____ Date: _____

Please Return to:

BRAZEAU FOUNDATION
5208 – 47th Avenue
Drayton Valley, AB, T7A 1N7
Phone: 780-542-2712 Fax: 780-542-2765