

SENIORS SELF CONTAINED HOUSING



- Each applicant should be age 65 or over
- Each applicant must be functionally independent
- Each applicant must have a core housing need (low to moderate income)
- Rent is based on 30% of gross household income (before deductions)

ALL units are smoke free.

THE BRAZEAU FOUNDATION OFFICE USE

NAME: _____

DATE RECEIVED: _____

CHECK LOCATION PREFERENCE

Wishing Well Apartments

5102-46 Ave Drayton Valley AB T7A1N6

Tel: 780-542-2712

Fax: 780-542-2765

Email: hsgmgr@draytonvalleyhousing.ca

Lezure Lea Apartments

4601-50 Ave Drayton Valley T7A 1N5

Tel: 780-542-2712

Fax: 780-542-2765

Email: hsgmgr@draytonvalleyhousing.ca

Spruce View Court Apartments

181 Willow Drive Breton AB T0C 0P0

Tel: 780-696-2088

Fax: 780-696-3444

Email: bsf-svc@telus.net

PLEASE READ CAREFULLY

Instructions for completing application:

Applications will not be processed unless all documentation is provided and all questions are fully answered.

If a question does not apply to your situation, mark N/A in the section.

Please attach any other information that you would like us to be aware of.

You are required to provide documentation to verify ALL income sources.

Please attach the following:

- ✓ A copy of your most recent federal **Notice of Assessment**
- ✓ A copy of your most recent **Income Tax Return & Tax Receipts**
- ✓ Verification of any benefits/pension you are currently receiving (**such as Alberta Senior's Benefit, Old Age Security, Private Pension, etc**) with a copy of your most recent bank statement, or a copy of the payment stub
- ✓ If you are currently employed, income must be verified with an **Income & Employment Verification Form** (attached)

It is your responsibility to contact this office to **report in writing any changes** in your circumstances such as, contact information, financial information etc.

If a translator was required to complete this application, please provide the following:

Translator's Name

Telephone Number

The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 33(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. Information acquired on this form will be kept secure and access is restricted.

I understand this application does not constitute an agreement on the part of The Brazeau Foundation or its agents to provide me with rental accommodation.

I further acknowledge the right of The Brazeau 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 Brazeau Foundation or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel further consideration of my application.

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

I further agree the information provided by me pertains to all persons named within this application.

I further agree to give permission for current or past landlords and employers to release any information which directly affects this application for subsidized housing.

Applicant

Co-Applicant

To be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge at the time of your interview.

DOMINION OF CANADA) IN THE MATTER OF THIS APPLICATION FOR DWELLING
PROVINCE OF ALBERTA) ACCOMMODATION IN THE HOUSING PROJECT.
) TO WIT:

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

1. That I am/we are the applicant(s) named in the said application;
2. That the statements made by me/us in the said application are to 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 life/our lives, and in this 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 _____)

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: _____ Print or Stamp Name here: _____

APPLICATION FOR SENIOR'S SUBSIDIZED ACCOMMODATION (CONFIDENTIAL)

Please answer all questions AND please print or type.

1. Applicant's Legal Name: (Last) _____ (First) _____

Preferred Name / Nickname: _____

Birthdate: _____
Month/Day/Year

Home Phone: _____ Cell: _____ Email: _____

Can we safely contact you at the phone numbers listed above? Yes No

If not, what is the best way for us to reach you? _____

2. Co-applicant's Legal Name: (Last) _____ (First) _____

Preferred Name / Nickname: _____

Birthdate: _____
Month/Day/Year

Home Phone: _____ Cell: _____ Email: _____

3. Are the applicants listed above Canadian Citizens? Yes No

If not, please provide copies of immigration papers.

4. Current Address: _____

Municipality

Postal Code

Mailing Address (if different) _____

Municipality

Postal Code

5. Do you rent or own your present accommodation? Rent Own

If you own your home, what is the current market value of it? \$ _____

What is the current amount remaining on your mortgage? \$ _____

6. Monthly Mortgage/Rent payment \$ _____, plus \$ _____ for property taxes,
\$ _____ for heat, \$ _____ for light, and \$ _____ for water and sewer.

If you do not pay rent, do you contribute financially? Yes No

If yes, please specify: _____

7. Present Landlord Name: _____

Address: _____
Municipality

Telephone number: _____

What date did you move to this address? _____

8. Present Accommodation: House Townhouse Apartment Basement Suite
Rooming House Hotel/Motel Other _____

9. Rooms in your present accommodation include: Kitchen Living Room Dining Room

Number of Bedrooms _____ Number of Bathrooms _____

10. Do you share any part of this accommodation with individuals other than those in this application?

Yes No If yes, how many individuals? No. of adults _____ No. of children _____

What part of the accommodation is shared? _____

11. Do you or any members of your household require special needs accommodation?

Yes No If yes, specify _____

12. List previous residential tenancies for the past 2 years, beginning with the most recent.

Please use a separate sheet if more room is required than provided.

Previous Landlord Name and Phone Number: _____

Address: _____

Move-in Date: _____ Move-out Date: _____

Monthly Payment: _____

Reason for Leaving: _____

Previous Landlord Name and Phone Number: _____

Address: _____

Move-in Date: _____ Move-out Date: _____

Monthly Payment: _____

Reason for Leaving: _____

13. Have you rented subsidized housing before? Yes No If yes, when? _____
Where? _____

14. **Reasons for wanting to move.** Health Safety Financial Location Eviction Other

Please use the following space to describe your present accommodation and to provide any additional information you would like us to be aware of which would assist in assessing your application for subsidized housing. *Please use a separate sheet if more room is required than provided.*

If you have been given a "Notice to Vacate", please submit a copy of the notice stating the reason for eviction.

15. DRIVER'S LICENSE #: Applicant _____ Co-applicant _____

Vehicle (1) _____

Year Make Model Color License Plate

Vehicle (2) _____

Year Make Model Color License Plate

Do you require a parking stall? Yes No

16. Emergency Contact Name: _____

Address: _____

Telephone Number: _____ Relationship: _____

17. Emergency Contact Name: _____

Address: _____

Telephone Number: _____ Relationship: _____

18. STATEMENT OF INCOME

All information regarding your income must be complete and accurate and must be verified by the most recent Notice of Assessment, Income Tax Return and/or a current Bank Statement.

FINANCIAL INCOME DESCRIPTION	APPLICANT Gross Monthly Income	CO-APPLICANT Gross Monthly Income
Old Age Security		
Guaranteed Income Supplement		
Alberta Seniors Benefit		
Spousal Allowance		
Canada Pension Plan (Widow, Orphan)		
Company Pension		
Veterans Allowance		
War Disability Pension		
Employment Income*		
AISH		
Income Supports		
Alimony		
Other Income – Specify _____		
<i>Sub-Total Gross Monthly Income</i>		
* Employment Income must be verified with an Employment Verification Form (attached). Income from Self-Employment must include the submission of a Financial Statement subject to review by The Brazeau Foundation		
INVESTMENTS	Monthly Interest Income	Monthly Interest Income
R.R.S.P.'s / R.R.I.F.'s		
Term Deposits / GIC's		
Stocks		
Bonds (Canada Savings Bonds / AB Bonds)		
Annuities		
Other – Specify _____		
<i>Sub-Total Investment Income</i>		
TOTAL MONTHLY INCOME		

19.ASSETS

(NOTE: Essential personal and household effects such as clothing and furniture are not included as assets.)

ASSETS	DOLLAR VALUE
Cash on Hand / Bank Account	\$
Stocks, Bonds, Mutual Funds - Specify: _____	\$
Other Assets (boat, camper, RV, etc.) - Specify: _____	\$
Properties/ land titles Owned	\$
<i>Current Market Value</i>	\$
Additional Real Estate - Specify: _____	\$
Current Vehicle(s) Value	\$
<i>Amount owing on vehicle(s)</i>	\$
<i>Monthly Payment</i>	\$

ONLY COMPLETE IF CURRENTLY EMPLOYED

INCOME AND EMPLOYMENT VERIFICATION FORM

EMPLOYER:

Company Name

Street Address

City/Town

Postal Code

Telephone Number

EMPLOYEE:

Applicant's Name

Street Address

City/Town

Postal Code

Telephone Number

I have made application for Rental Assistance/Approval and verification of my employment status and earnings is required. Please provide this information by completing and signing the lower portion of this form. It is important that the information be as accurate as possible. Your early attention to this request will be appreciated.

Signature of Employee

Date

RESPONSIBLE PARTY STATEMENT

DIRECTIONS FOR COMPLETION:

Please print clearly in all sections, and make sure that all blanks are properly filled in. This statement is to be signed by an adult living outside of the facility. Couples cannot use each other as the responsible party, as we will expect that you will answer for each other if one of you should become disabled or incapacitated. This statement is to assist us in the event that you should become incapacitated during your tenancy. All information is confidential and required only in case of an emergency.

APPLICANT'S NAME: _____

PERSON OR PERSONS ASSUMING EMERGENCY RESPONSIBILITY FOR THE ABOVE APPLICANT

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

POSTAL CODE: _____

POSTAL CODE: _____

HOME PHONE #: _____

HOME PHONE #: _____

CELL PHONE #: _____

CELL PHONE #: _____

OTHER PHONE #: _____

OTHER PHONE #: _____

RELATIONSHIP TO APPLICANT: _____

RELATIONSHIP TO APPLICANT: _____

I (we) certify that I (we) will be totally responsible for the above-named applicant in the event that the applicant is unable to answer for him/herself, once they become a tenant in a facility managed by The Brazeau Foundation. If the tenant does not abide by the rules, regulations, and the tenancy agreement as signed with The Brazeau Foundation, I (we) agree to remove the tenant from the building within thirty (30) days of being notified. I (we) further agree that The Brazeau Foundation's decisions are final and binding on all parties concerned. I (we) understand that if the tenant is assessed and is deemed to require additional services such as Home Care in order to continue living independently, and they refuse the service, the tenant will be requested to find alternate accommodation. If the requirements are beyond the capability of outside services to supply, I (we) will be requested to find alternate accommodation for the tenant and assist in supplying the tenants' needs until such time as alternate accommodation is arranged.

Signature of responsible parties: _____

Date: _____ Print name of Witness: _____

Witness Signature: _____

Housing Manager: _____

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 <input type="checkbox"/>
Hearing			If impaired, wears hearing aid <input type="checkbox"/>
Mobility			If impaired, uses: cane <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Bowel				Colostomy <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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: _____