



TECUMSEH MOUNTAIN MANOR

403-562-2102

Westwind Apartments

# ACCOMMODATION APPLICATION SENIOR HOUSING

PO Box 580

Colemen, AB T0K 0M0

2022-12-20



## RENTAL RATE INFORMATION

### Tecumseh Mountain Manor 1802 – 112<sup>th</sup> Street Blairmore, Alberta

Damage Deposit	\$250.00
Electricity	\$50.00
Parking	\$15.00
Air Conditioning (June – Sept.)	\$15.00

The Tenant pays 30% of Line 150 of their current personal Income Tax Return to a maximum rent ceiling of \$658.00. A copy of the latest Notice of Assessment must be produced before move in. The Rent is due on the first day of the month via **PREAUTHORIZED DEBIT**.

The Tenant must sign a month-to-month lease with Crowsnest Pass Senior Housing.

Tenants wishing to move out must provide one month's notice. This may be waived if the Tenant becomes ill or needs to be moved to another facility.

The Tenant is responsible for telephone and cable television. Laundry is free.

### Westwind Apartments 2502 – 212<sup>th</sup> Street Bellevue, Alberta

Damage Deposit	\$250.00
Electricity	\$50.00
Parking	\$10.00

The Tenant pays 30% of Line 150 of their current personal Income Tax Return to a maximum rent ceiling of \$658.00 The Rent is due on the first day of the month via **PREAUTHORIZED DEBIT**.

Tenants wishing to move out must provide one month's notice. This may be waived if the Tenant becomes ill or needs to be moved to another facility.

The Tenant is responsible for telephone and cable television. Laundry is free.

Once approved to move into one of the apartments, the client must purchase tenant insurance, and produce a copy to be kept with the lease in the office. This must be renewed annually and a copy of renewal must be given to the office to be kept on file.

**APPLICATION FOR ACCOMMODATION  
(Confidential)**

I understand that this application does not constitute an agreement on the part of Crowsnest Pass Senior Housing or its agents to provide me rental accommodation;

I further acknowledge the right of Crowsnest Pass Senior Housing or its agents, at any time prior to the execution and delivery to me of a lease hereby applies for, to withdraw, revoke or cancel without penalty or liability for damages or otherwise, and acceptance or approval of this application previously made or given;

I hereby authorize Crowsnest Pass Senior Housing, or its agents to investigate any or all of the statements made herein, 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 Crowsnest Pass Senior Housing, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur;

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

DOMINION OF CANADA }  
PROVINCE OF ALBERTA }  
TO WIT: }

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 the said application;
2. That the statements made by me in the said application are to the best of my knowledge, information and belief, full and true in all respect;
3. That I have resided in the Province of Alberta for \_\_\_\_\_ years of my life and in the Municipality 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

\_\_\_\_\_ }  
\_\_\_\_\_ In the Province of Alberta, }  
This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ }  
Signature of Applicant

\_\_\_\_\_  
A Commissioner of Oaths in and for the Province of Alberta

\_\_\_\_\_  
Printed Name of Commissioner of Oaths

My Appointment expires on: \_\_\_\_\_  
dd/mm/yyyy

# QUESTIONNAIRE

Please answer ALL questions to the best of your ability:

1. Applicant's Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Social Insurance No. \_\_\_\_\_
- Alberta Health Care No. \_\_\_\_\_
- Spouse's Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Social Insurance No. \_\_\_\_\_
- Alberta Health Care No. \_\_\_\_\_
- Are you a \_\_\_\_\_ Canadian Citizen?
- \_\_\_\_\_ Landed Immigrant?
- \_\_\_\_\_ Other, please specify: \_\_\_\_\_

2. Present address: \_\_\_\_\_
- Telephone: \_\_\_\_\_

3. If you are on Social Assistance please state the name and office address of your Social Worker:
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_

4. Monthly Income:

	APPLICANT (\$)	SPOUSE (\$)
Old Age Security and Guaranteed Income Supplement		
Alberta Assured Income Supplement		
Spouse allowance		
Canada Pension Plan		
Company Pension		
War Veterans Allowance		
War Disability Pension		
Employment Income		
Social Assistance		
Other Income (Please specify):		
<b>TOTAL</b>		

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

INVESTMENTS/ASSETS	INTEREST/INCOME
_____	Yearly \$ _____ Monthly \$ _____
_____	Yearly \$ _____ Monthly \$ _____
_____	Yearly \$ _____ Monthly \$ _____
_____	Yearly \$ _____ Monthly \$ _____
<b>TOTAL</b>	Yearly \$ _____ Monthly \$ _____

**Note: All incomes must be verified upon acceptance as a tenant**

- The latest notice of assessment must be presented upon confirmation of a move in date \*

5. If you or your spouse have employment income(s), please state the name(s) and address(es) of the employer(s).

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

6. Do you own or rent you present accommodation: \_\_\_\_\_ Own \_\_\_\_\_ Rent

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

7. If renting, name your present landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

8. Is your present accommodation: \_\_\_\_\_ House \_\_\_ Apartment \_\_\_ Rooming House \_\_\_\_\_ Hotel \_\_\_ Other

9. Rooms in your present accommodation: \_ Kitchen \_\_\_\_\_ Living Room \_\_\_\_\_ Dining Room  
\_\_\_\_\_ Bathroom No. of Bedrooms \_\_\_\_\_

10. Number of person(s) sharing your present accommodation: \_\_\_\_\_ Adults \_\_\_\_\_ Children

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

If yes, Number of person(s) sharing the kitchen \_\_\_\_\_

If yes, Number of person(s) sharing the bathroom \_\_\_\_\_

If yes, Number of person(s) sharing the bedroom \_\_\_\_\_

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

Yes  No If No, please provide details: \_\_\_\_\_  
\_\_\_\_\_

13. Are your stove, refrigerator, cupboards, counter space and sink all located in your kitchen?

Yes  No If No, please provide details: \_\_\_\_\_  
\_\_\_\_\_

14. Do you have a pet?  Yes  No

If yes, what kind(s) and how many of each? \_\_\_\_\_

15. Reasons you want to move: \_\_\_\_\_  
\_\_\_\_\_

If you have been given a "Notice to Vacate" please submit a copy of the notice and state the reason for eviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please list any physical disabilities: \_\_\_\_\_  
\_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Address/Phone No. \_\_\_\_\_

17. Other related information you wish to provide;  
\_\_\_\_\_  
\_\_\_\_\_  
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## PERSONAL INFORMATION

- Next of kin. If none available please list alternate contacts:

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

- Do you have a will?  Yes  No

Name of Executor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you have a Power of Attorney?  Yes  No

Do you have a Personal Directive?  Yes  No

- Family Doctor:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# MEDICAL STATEMENT

Attending Physician:

- A. This Medical Information form is required by \_\_\_\_\_ in regard to all applicants seeking admission into a self-contained Senior Citizen's Apartment. All information must be current within a six month time frame.
- B. The form is to supplement other information to determine if the Applicant is physically able to look after himself/herself in a self-contained apartment type complex.
- C. Any charge for the completion of this form is the responsibility of the Applicant.
- D. Once the Applicant has signed the Authorization, please do not return the form to the Applicant but mail directly to:

**Crowsnest Pass Senior Housing**

PO Box 1050

Blairmore, AB T0K 0E0

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## AUTHORIZATION

I hereby authorize any Physician, Medical Clinic, Hospital or other person that has any records or knowledge of my health to provide full information to **Crowsnest Pass Senior Housing** or any authority acting on their behalf.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

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Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Date of last contact with patient to substantiate this information: \_\_\_\_\_

Is the Applicant physically able to maintain himself/herself in a private self-contained apartment?  Yes  No

Please detail any medical information which you feel would be pertinent to the Applicant's application for Senior Citizen housing: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attending Physician's Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

