



TECUMSEH MOUNTAIN MANOR

403-562-2102

Westwind Apartments

ACCOMMODATION APPLICATION SENIOR HOUSING

PO Box 580

Coleman, AB T0K 0M0

2023-08-23

RENTAL RATE INFORMATION

Locations:

Tecumseh Mountain Manor 1802 – 112th Street Blairmore, Alberta
Westwind Apartments 2502 – 212th Street Bellevue, Alberta

Rates Effective September 2023

Rent:

The Tenant pays 30% of Line 15000 of their current personal Income Tax Return to a maximum rent ceiling of \$723.00 (Reviewed annually). A copy of the latest Notice of Assessment must be produced before move in and provided annually for rent adjustment.

Additional Charges:

Damage Deposit	Equivalent to one month's rent
Electricity	\$50.00
Parking	\$15.00
Power for A/C (June – Sept.)	\$15.00
Scooter Charging	\$15.00

The Rent is due on the 3rd day of the month via **PREAUTHORIZED DEBIT**.

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

The Tenant must sign a fixed term lease with Crowsnest Pass Senior Housing. The first term is for a 3-month trial period and then may be renewed each year on September 1.

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):		
TOTAL		

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 \$ _____
TOTAL	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 _____

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

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

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

