

PINCHER CREEK FOUNDATION
APPLICATION FOR ACCOMMODATION
Seniors Self - Contained Apartments
(CONFIDENTIAL)

PLEASE READ CAREFULLY

INSTRUCTIONS FOR COMPLETING APPLICATION

Complete ALL questions supplying ALL of the requested information.

The following information must be provided along with this form as it applies to you:

- Verification of income for all applicants
- Referral letter from a previous Landlord (if currently renting)
- Medical Assessment Form completed by your Doctor
- Notice of Assessment from Revenue Canada from current income tax filed

Your application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office, free of charge, by appointment. Please call (403) 627-3833 ext. 3

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED

YOUR APPLICATION WILL BE KEPT ON OUR WAITLIST FOR A PERIOD OF ONE YEAR. AFTER THAT PERIOD OF TIME YOU MUST RE-APPLY IF NOT PLACED.

Information on this form is being collected under the authority of **PINCHER CREEK FOUNDATION** to be used to determine eligibility for subsidized housing accommodation in accordance with the Alberta Housing Act and Social Housing Regulations.

This information is protected by the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions in regards to the collection of information, please contact the Chief Administrative Officer.

This application covers the following locations. Please number in order of preference, which locations you are applying for:

_____ Canyon Manor located at 480 Main Street, Pincher Creek

_____ Canyon Manor Cottages located at 460/470 Victoria Cres, Pincher Creek

_____ Willow Court Cottages located at 638 Adelaide St. Pincher Creek

PLEASE PRINT

FULL LEGAL NAME: _____
(Last Name) (First Name)

Date of Birth: _____ Social Insurance No. _____

Alberta Health No. _____

Length of Residence in: Canada _____ Alberta _____ Pincher Creek Area _____

Are you a Canadian Citizen _____ Landed Immigrant _____ Other _____

CO-APPLICANT NAME: _____
(Last Name) (First Name)

Date of Birth: _____ Social Insurance No. _____

Alberta Health No. _____

Length of Residence in: Canada _____ Alberta _____ Pincher Creek Area _____

Are you a Canadian Citizen _____ Landed Immigrant _____ Other _____

PRESENT ADDRESS: _____
P.O. Box No., Street Address

_____, _____
(City, Town) (Province) (Postal Code)

Phone (h) _____ (cell) _____ (email) _____

Present Marital Status, please circle one: Married / Single / Widowed / Separated / Common-Law

Alternate Contact Person: _____
Name Telephone No.

If you are on Social Assistance, please state the name and office address of your Social Worker
Name _____ Address _____

Applicant and/or Co-Applicant Income :

All incomes must be verified upon acceptance as a tenant

MONTHLY INCOME	Applicant	Co-Applicant
Old Age Security & Guaranteed Income Supplement		
Alberta Senior's Benefit		
Spouse Allowance		
Canada Pension Plan		
Company (work) Pension		
War Veterans Allowance		
War Disability Pension		
Employment Income		
Social Assistance		
Other Income: Specify		
Notice of Assessment (Line 150) from CRA		

Investments / Assets – Please provide details of your current assets:

Cash on Hand / Bank	\$
Investments (monthly or yearly)	\$
House (if owned)	\$
Business	\$
Mortgage(s)	\$
Other Assets – vehicle, equipment	\$

Note: Essential personal and household affects such as clothing, furniture, are not defined as assets.

CURRENT ACCOMMODATION INFORMATION

Own Rent Present Rent / House Payment \$ _____ per month.

Utilities: Electricity \$ _____ Gas \$ _____ Water & Sewer \$ _____
 Other \$ _____

If renting, name of your landlord _____

Address: _____ Telephone: _____

- Present accommodation: House Apartment Mobile Home
 Other _____
- Is there an elevator? yes _____ no _____
- Number of Rooms in present accommodation: _____ kitchen _____ Living Room
- _____ Dining _____ Bathroom(s) _____ Bedrooms
- Number of persons sharing present accommodation: _____ Adults _____ Children
- Number of persons sharing kitchen: _____, bathroom _____ bedrooms _____
- Does your bathroom include tub, shower, toilet and sink? Yes No
 Are they all in one room? If no, give details _____
- Are your stove, fridge, cupboards, counter space & sink all located in the kitchen ?
 Yes No If no, give details _____
- Do you have pet(s) _____ If yes what kinds and how many _____
- Do you or your co-applicant smoke? Y _____ N _____
- Mobility _____ own vehicle _____ use walker or wheelchair

Please feel free to describe your present accommodation and/or any other information you would like the PINCHER CREEK FOUNDATION to be aware of. This space is provided for you to explain your reasons for applying for Subsidized Housing, and will assist us in the approval of your application. (Feel free to use a separate page).

Reason for wanting or needing to move:

Special Needs:

CONSENT AND ACKNOWLEDGEMENT

I understand that this application does not constitute an agreement on the part of the **PINCHER CREEK FOUNDATION**, or its agents, to provide me/us with rental accommodation.

I further acknowledge the right of **PINCHER CREEK 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 **PINCHER CREEK 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 any further consideration of my application.

I further agree that I am obligated to advise the **PINCHER CREEK FOUNDATION**, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address should the occur.

Signature of Applicant

Signature of Co-Applicant

Date _____

Statutory Declaration

CANADA
PROVINCE OF ALBERTA
TO WIT:

In The Matter of This Application
for Social Housing Accommodation

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

1. That I/we am/are the applicant(s) named in this application.
2. That I/we have resided in the Province of Alberta for ___ years and in the Pincher Creek district for ___ years.
3. That the statements made and information provided by me/us in the said application is true and correct to the best of my/our knowledge, information and belief, full and true in all aspects.
4. That I/we am/are aware that it is a criminal offense to make a false statement in declaring the income or any other information referred to in the application.

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 _____

Signature(s) of Applicants

_____.A.D. 20 ____.

A Commissioner for Oaths in and for the Province of Alberta

Whose Commission expires on _____

Printed Name of Commissioner for Oaths