

Parkland Foundation Management Body Application for Accommodation

This confidential information is being collected in accordance with the Alberta Housing Act, in that it relates directly to and is necessary to determine eligibility of applicants of the Parkland Foundation subsidized housing programs. Personal information contained herein may be disclosed if deemed necessary to assess eligibility of applicants. For further information please contact the FOIP (Freedom of Information and Protection of Privacy) Coordinator for Parkland Foundation at 403-224-2691 or by mail at Box 689, Bowden, Alta T0M 0K0.

Please review the following information, regarding the completion of this application

- 1) Complete all questions and supply ALL of the required information. If a question does not apply to you, mark N/A in the section.
 - 2) You will be required to provide a current income tax Notice of Assessment to verify your income and may be required to provide a Medical Form completed by your doctor.
 - 3) Your completed 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. Please call 403-224-2691.
 - 4) The applicant is required to sign this form in four places.
 - 5) Incomplete application will not be processed.
 - 6) All information of this application is confidential.
 - 7) Applicants may be interviewed as part of the approval process.
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Please number in order of preference which building you are applying for:

- _____ Westview Manor at 1706 23 Street Bowden
- _____ Bow Glen Court at 1804 23 Street Bowden
- _____ Poplar Grove Court at 4035 50 Avenue Innisfail
- _____ Penhold Royal Manor at 27 Robinson Avenue Penhold
- _____ Dodds Lake Manor at 5804 50 Avenue Innisfail

1. Applicants Name: _____
(Last Name) (First Name)

Date of Birth: _____

Please note: Applicants must be at least 65 years of age. Applicants 58 years of age and older may be considered, at the management's discretion.

2. Co-Applicants Name: _____
Date of Birth: _____

3. Are all members listed above Canadian Citizens? ___Yes ___No
If No, provide copies of immigration papers for members who are not Canadian Citizens.

4. Present Address: _____

_____ Home Telephone Number: _____

5. Income – All members of the household applying for housing are required to provide the most recent “Notice of Assessment” from Canada Revenue Agency to confirm income. Please provide the income you receive per month for the following.

	<u>Applicant</u>	<u>Co-Applicant</u>
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit	_____	_____
Canada Pension Plan	_____	_____
Spouse Allowance	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income: Specify _____	_____	_____

If you do not complete an Income Tax Return, you are required to provide back-up documentation as confirmation of income. For example, bank statements or copies of cheque stubs.

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

Present rent or house payment is \$_____ per month,
plus \$_____ for heat, \$ _____ for electricity, and \$ _____ for water and sewer.

If renting, Name of Landlord: _____

Phone Number: _____

How long have you lived here? _____

If less than 2 years, please list previous landlord:

Name of Landlord: _____

Address: _____

Phone Number: _____

How long did you live there? _____

By naming the individuals in question 6, the applicant consents to the release of information between Parkland Foundation Manage Body staff and these individuals regarding the applicant’s current or previous tenancies.

X _____ (Signature of applicant)

7. Is your present accommodation a:
 House Townhouse Apartment Hotel or Motel
8. Rooms in your present accommodation: Kitchen Living Room
 Number of bathrooms Number of Bedrooms
9. Do you share any part of the accommodation with person(s) other than those listed on this application? Yes No
- If yes, how many other persons? _____ Number of adults _____
 Number of Children _____
 What part of the accommodation is shared? _____
 If you do not pay rent, do you contribute financially? Yes No
 If yes, specify:
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10. Do you require a handicapped unit? Yes No
11. Do you require a parking spot? Yes No
12. Do you have a pet? Yes No
 Please Note: No pets will be permitted on any part of the premises or common areas of which they form a part.
13. Have you ever been asked to vacate your premises? Yes No
 If yes, why? _____
14. Reasons for wanting to move: _____

15. Other information I wish to provide: _____

16. Please list 2 people who can be contacted in the event of an emergency. Provide their names, relationship and daytime telephone numbers.

17. If you receive Home Care Services, please list the name of your Case coordinator:

By naming the individuals in questions 16 & 17, the applicant consents to the release of information between Parkland Foundation Management Body staff and these individuals regarding the applicant's health, safety, well being and/or ability to maintain independent living.

X _____
 (Signature of Applicant)

I understand that this is just an application and that it is not an agreement for lease on the part of Parkland Foundation Management Body, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Parkland Foundation Management Body, 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 Parkland Foundation Management Body, 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 statements shall cancel any further consideration of my application.

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

X _____
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 area 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__.

X _____
Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed name of Commissioner for Oaths

My appointment expires on: _____
Month/Day/Yr