



APPLICATION FOR ACCOMMODATION – SENIORS SELF CONTAINED  
(CONFIDENTIAL) PLEASE READ CAREFULLY

Olds  Sundre  Carstairs  Didsbury  Cremona   
Indicate Manor choice by entering number in box - 1<sup>st</sup>, 2<sup>nd</sup>, AND 3<sup>rd</sup> Choices

I understand that this is just an application and that it is not an agreement on the part of MOUNTAIN VIEW SENIORS' HOUSING, or its agents, to provide me with rental accommodation.

I further acknowledge the right, of MOUNTAIN VIEW SENIORS' HOUSING, 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 MOUNTAIN VIEW SENIORS' HOUSING, 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 statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise MOUNTAIN VIEW SENIORS' HOUSING, or its agents, in writing, of any changes in family composition, gross family income, assets, employment's or changes of address, should they occur.

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Co-Applicant

\*\*\*\*\*

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

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_,  
in the Province of \_\_\_\_\_, 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 Canada for \_\_\_\_ years of my life and in the Mountain View District 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 \_\_\_\_\_ )  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ )

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

\_\_\_\_\_  
Signature of Co-Applicant

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

\_\_\_\_\_  
My Appointment expires on

\_\_\_\_\_  
Printed name of Commissioner for Oaths

\_\_\_\_\_  
Day Month Year

Applications are kept on file for one year unless contact has been made by the Applicant or MVSH

**(PLEASE PRINT)**

**THIS APPLICATION WILL NOT BE PROCESSED, UNLESS ALL QUESTIONS ARE FULLY ANSWERED, MOST RECENT TAX YEAR'S NOTICE OF ASSESSMENT ENCLOSED, AND IS SIGNED BY A COMMISSIONER FOR OATHS.**

**1. Applicants Name:** \_\_\_\_\_  
(Last name) (First name)

**Date of Birth:** \_\_\_\_\_ **Social Insurance No:** \_\_\_\_\_

**Alberta Personal Care No:** \_\_\_\_\_

**2. Co-Applicants Name:** \_\_\_\_\_  
\_\_\_\_\_  
(Last name) (First name)

**Date of Birth:** \_\_\_\_\_ **Social Insurance No:** \_\_\_\_\_

**Alberta Personal Care No:** \_\_\_\_\_

**3. Are you a:** Canadian Citizen   
Landed Immigrant   
or \_\_\_\_\_

**4. Present Address**  
**a.Mailing Address:** \_\_\_\_\_

**b.Street Address:** \_\_\_\_\_

**Telephone# :** \_\_\_\_\_

**Alternate Contact Person:** \_\_\_\_\_  
(Name) (Telephone No.)

\_\_\_\_\_  
(Name) (Telephone No.)

**5. If you are on Social Assistance, please state name and office address of your Social Worker:**

**Name:** \_\_\_\_\_

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

6. Does any member of your household require accommodation adapted for a special need (i.e., wheelchair accessibility, etc.)

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Family's Doctor's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

7. Monthly Income - All incomes must be verified upon acceptance as a tenant.

	<u>APPLICANT \$</u>	<u>CO-APPLICANT \$</u>
A.I.S.H.	_____	_____
Alberta Seniors' Benefit (line 145)	_____	_____
Canada Pension Plan (line 114)	_____	_____
Employment Income	_____	_____
Federal Supplement (line 146)	_____	_____
Old Age Security (line 113 of income tax return)	_____	_____
Veterans' Pension	_____	_____
<u>Other Income: Specify:</u>	_____	_____
	_____	_____
	_____	_____
<b>TOTAL:\$</b>	_____	_____

**ASSETS:** Please list the total value of all assets and investments as well as interest or income derived from investments.  
**Interest:** (e.g. Stocks, Bonds, term deposits, bank accounts, RRSP's, RRIF's etc.)  
**Assets:** (e.g. real estate includes assets in present home, bank accounts, RRSPs., RRIFs)

Total of Investments/Assets	Interest/Income	
	Yearly \$	Monthly \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total \$</b> _____	<b>Total \$</b> _____	<b>Total\$</b> _____

8. If you or your co-applicant have employment income(s), please state the name(s) and address(es) of the employer(s)

Name of your Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

Name of your Co-applicant's Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

9. Do you own or rent your present accommodation:  Own  Rent

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

Present value of owned accommodation: \$\_\_\_\_\_

10. If renting, name of your present Landlord: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

11. Is your present accommodation a:

House  Apartment - Elevator  Yes  No  Rooming House  Motel/Hotel  
 Other \_\_\_\_\_

12. Rooms in your present accommodation:

Kitchen  Living Room  Dining Room  
No. of Bathrooms: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

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

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

If YES, Number of Person(s) sharing the kitchen \_\_\_\_\_

Number of Person(s) sharing the bathroom \_\_\_\_\_

Number of Person(s) sharing the bedroom \_\_\_\_\_

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

Yes  No If no, please give details:

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

Yes  No If no, please give details:

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17. Reasons for wanting to move:

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If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for eviction:

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18. **FOR APPLICANT'S USE**

Other related information you wish to provide. Attach a separate sheet if more space is needed.

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Mountain View Seniors' Housing  
P.O. Box 399  
Didsbury, AB  
T0M 0W0

Tel: (403) 335-8404 Fax: (403) 335-9957

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