

# Senior's Self-Contained Apartments (SSC) - Application Form

## To determine Eligibility and Prioritization

Application Date: \_\_\_\_\_

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

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Second Applicant's Name (if applicable): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

## How did you hear about the Senior's Self-Contained Program?

\_\_\_\_\_

## LOCATION:

### 1. Community Applying For:

Carstairs ☐ Cremona ☐ Didsbury ☐  
Olds ☐ Sundre ☐

### 2. If a suite became available in another Community sooner than my selection above, I / we **would** move elsewhere: YES ☐ NO ☐

If YES, to the question above, which other location (s) would you move to?

Carstairs ☐ Cremona ☐ Didsbury ☐  
Olds ☐ Sundre ☐

## CITIZENSHIP:

### 1. Applicant

Canadian Citizen  
Permanent Canadian Resident  
Refugee Sponsored by Government of Canada  
Ukrainian Refugee  
Immigrant or Refugee whose private sponsorship has broken down

☐  
☐  
☐  
☐  
☐

### 2. Co-Applicant

Canadian Citizen  
Permanent Canadian Resident  
Refugee Sponsored by Government of Canada  
Ukrainian Refugee  
Immigrant or Refugee whose private sponsorship has broken down

☐  
☐  
☐  
☐  
☐

**Optional:** Do you identify as a member of these populations (follow up with your social worker may be required):

- |   |                          |                                    |                          |
|---|--------------------------|------------------------------------|--------------------------|
| Physical or developmental disability  | <input type="checkbox"/> | Fleeing violence                   | <input type="checkbox"/> |
| Veteran   | <input type="checkbox"/> | Mental health or addition          | <input type="checkbox"/> |
| Racialized or Indigenous  | <input type="checkbox"/> | Diverse sexual orientation, gender | <input type="checkbox"/> |
| People at risk of homelessness or<br>transitioning out of homelessness supports | <input type="checkbox"/> | identity or expression             |                          |

### **CURRENT HOUSING:**

1. Type of housing (house/duplex/apartment/mobile home, legal basement suite, townhouse etc.): \_\_\_\_\_  
\_\_\_\_\_
2. Number of bedrooms: \_\_\_\_\_ Municipality: \_\_\_\_\_
3. Monthly Rent: \$\_\_\_\_\_ Does your rent include utilities? YES ☐ NO ☐
4. When did you move into this housing? \_\_\_\_\_
5. Have you received a Notice to Vacate at your existing housing? YES ☐ NO ☐
6. Does any member of your household require accommodation adapted for special needs? (i.e. wheelchair accessible, etc.) \_\_\_\_\_  
\_\_\_\_\_
7. Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **RESIDENCY:**

1. Do you currently live in Mountain View or one of the municipalities within Mountain View County?  
YES ☐ NO ☐
2. If NO to the question above, have you previously lived in Mountain View or one of the municipalities within Mountain View County?  
YES ☐ NO ☐
3. If NO to the questions above, do you have immediate family members who currently are:  
Residents of Mountain View? or, ☐  
Residents of Alberta? or, ☐  
Residents of Canada? ☐

## **INCOME:**

- Household income must be below the threshold for the municipality in which the household makes the application.

### **What is your main source of income?**

Canada Pension Plan/Old Age Security/other pensions ☐

RRSP/RRIF Withdrawals ☐

AISH ☐

Income Support ☐

Other: \_\_\_\_\_

Please provide the following information from the most recent income tax return(s) and Canada Revenue Agency Notice of Assessment(s):

Document	Applicant	Co-Applicant
<b>Year NOA:</b>		
<b>Line 15000:</b>		
<b>Deduct:</b>		
- AISH Personal Benefits		
- Rent Assistance Benefit payments		
- One time gov't payments equal to or less than 10 % of line 15000		
- Employment Insurance Family Benefit		
<b>Total Income:</b>		
<b>Total Annual Household Income:</b>		

- Applicants are considered in core housing need if suitable accommodation costs more than 30% of the household's total income

<b>Total Annual Household Income</b>	
<b>Total Monthly Household Income</b>	
<b>30 % of Monthly Income</b>	
<b>Income Threshold</b> for Suitable Housing in applicable municipality	

## **FUNCTIONAL INDEPENDENCE**

Do applicants receive Home Care? YES ☐ NO ☐

Are applicants able to manage medication and oxygen independently? YES ☐ NO ☐

Are applicants able to maintain personal hygiene independently? YES ☐ NO ☐

Are applicants able to do their own routine housekeeping? YES ☐ NO ☐

Do applicants currently shop for and prepare their own meals? YES ☐ NO ☐

Additional information: \_\_\_\_\_  
\_\_\_\_\_

### **DECLARATION AND CONSENT**

**All applicants MUST sign the application. This application cannot be processed without signatures.**

1. I / we declare that the information contained herein is true and accurate.
2. I/we authorize Mountain View Seniors' Housing (MVSH) to make any inquiries necessary to any government office, organization, agency, or individual for the purpose of verifying the information provided in this application.
3. I / we understand that this personal information is being collected under the authority of Alberta Protection of Privacy Act (POPA) for the purpose of administering any rental subsidies. Questions regarding the collection of personal information can be directed to the Privacy Administrator for MVSH at 403-556-2957.
4. I/we understand that:
  - This application is not an agreement on the part of MVSH to provide me/us with accommodation in a Senior's Self-Contained apartment
  - Failing to respond to requests for additional information may result in your application being cancelled
  - Providing false information to MVSH may result in your application being cancelled or no longer being eligible
  - If I/we are being considered for an available suite, MVSH may need additional information to ensure information is current and household is still eligible for subsidized housing
  - It is the applicant(s) responsibility to keep MVSH updated with any changes to household circumstances, including, but not limited to changes in contact information, address, household composition or income

Date: \_\_\_\_\_

*Signature of Primary Applicant*

*Signature of Witness*

*Signature of Co-Applicant*

*Signature of Witness*

Please return application form and any attachments to:  
**Mountain View Seniors' Housing, Admissions Department**  
 #301, 6501-51<sup>st</sup> St Olds, AB., T4H 1Y6  
 Phone: 403-556-2957, Fax: 1-587-796-0775  
 Email: [admissions@mvsh.ca](mailto:admissions@mvsh.ca)