

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. Which community would you like to live in (Please select ONE preferred location only):

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 the 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
- Fleeing violence
- Veteran
- Mental health or addition
- Racialized or Indigenous
- Diverse sexual orientation, gender identity or expression
- People at risk of homelessness or transitioning out of homelessness supports

Updated: January 13, 2026

WHAT IS YOUR CURRENT HOUSING SITUATION:

1. Type of housing (house/duplex/apartment/mobile home, legal basement suite, townhouse, etc.): _____

2. Number of bedrooms: _____ Municipality: _____

3. Do you own your home: Yes No (*If no, proceed to answering rental questions below*)

4. Monthly Rent: \$ _____ Does your rent include utilities? YES NO

5. When did you move into this housing? _____

6. Have you received a Notice to Vacate at your existing housing? YES NO

7. Does any member of your household require accommodation adapted for special needs? (i.e. wheelchair accessible, etc.) _____

8. What are the reasons you're applying for this housing program:

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:

1. 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: _____

Updated: January 13, 2026

Please provide the following information from the most recent income tax return(s) and Canada Revenue Agency Notice of Assessment(s). A copy of your Notice of Assessment is required to be sent in with this application.

Document	Applicant	Co-Applicant
Year NOA:		
Line 15000:		
Deduct:		
- 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		
Total Income:		
Total Annual Household Income:		

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

Total Annual Household Income	
Total Monthly Household Income	
30 % of Monthly Income	
Income Threshold for Suitable Housing in the applicable municipality <i>(available on the Government of Alberta's website)</i>	

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 the information is current and the 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, 6501-51st St Olds, AB., T4H 1Y6
Phone: 403-556-2957, Fax: 1-587-796-0775
Email: admissions@mvsh.ca

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