

Lifestyle Suite Accommodation Application Form

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: _____

Alternate Contact Name: _____

Email: _____ Cellular Number: _____

Second Alternate Contact Name: _____

Email: _____ Cellular Number: _____

How did you hear about the Lifestyle Suite Program?

1. LOCATION APPLYING FOR (please check your preferred community):

Mount View Lodge (Olds)

Sundre Seniors Supportive Living (Sundre)

2. REASON FOR APPLICATION (please check all that apply):

Moving to be closer to family support

Improved access to community services

Improved access to transportation

Personal preference

Other _____

3. APPLICANT'S DECLARATION:

- I / we declare that the information contained herein is true and accurate
- 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.

Date: _____

Signature of Primary Applicant

Signature of Witness

Signature of Co-Applicant

Signature of Witness

Please return the application form and 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