



# 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 ☐

\_\_\_\_\_

Updated: January 12, 2026



**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, 6501-51<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)