

MVSH SENIORS SELF-CONTAINED PROGRAM

Eligibility & Information

1. ELIGIBILITY

a. Age

- Minimum age of sixty-five (65), however, exceptions may be made under special circumstances.

b. Physical & Mental Health

- Applicants must be functionally independent with the assistance of existing community-based services (in certain circumstances, MVSH *may* request a professional medical assessment to confirm an applicant is functionally independent).

c. Residency

- Current residents of Mountain View County or one of the municipalities within Mountain View County, or
- Previous residents of Mountain View County or one of the municipalities within Mountain View County, or
- Immediate family members who are currently:
 - Residents of Mountain View County, or
 - Residents of Alberta, or
 - Residents of Canada

d. Citizenship

- Canadian Citizen or Permanent Canadian Resident, or
- Immigrants or refugees whose private sponsorship has broken down, or
- Ukrainian Evacuees, or
- Refugees sponsored by the Government of Canada, or
- Immigrants or Refugees whose private sponsorship has broken down

e. Income

- Unable to find Suitable Rental Housing for less than 30% of household income
- Annual household income is below the Income Threshold stated by the Government of Alberta:
[2025 Housing Income Thresholds](#)
- Income Threshold eligibility is calculated in accordance with legislation to determine Core Housing Need. If the applicant meets all other eligibility requirements, our office will calculate this for you.

2. APPLICATION & INCOME VERIFICATION

- Please complete the attached Senior's Self-Contained Program Application Form
- Please attach copies of the following documents for income verification from **ALL** household members:
 - Copy of most recent Notice of Assessment from Canada Revenue Agency showing line 15000
 - AISH (Assured Income for the Severely Handicapped) Personal Benefits verification
 - T5's for withdrawals from RRSP, RRIF, or Annuity Principal (non-senior households only)
 - T4E for EI (Employment Insurance) Family Supplement
 - Income Support Supplementary Benefits verification
 - Details of any one (1) time payments from the Governments of Alberta or Canada
 - Note, additional documentation *may* be required upon request of MVSH
- Please return Application Form and Income Verification documents to MVSH at the address listed below

3. WHAT HAPPENS NEXT?

a. Received applications

- Once a fully completed Senior's Self-Contained Program Application package is received by our office, the applicant will be assessed and scored in accordance with applicable legislation.
- If medical assessment or additional income verification information is required, our office will contact the applicant(s) accordingly.

b. Senior's Self-Contained Program Waitlist

- Eligible applicants will receive both a phone call and letter confirming their application has been approved and their name(s) has been added to the Senior's Self-Contained Program Waitlist.
- Applications remain eligible for a period of twelve (12) months and are reevaluated for changes a minimum of annually thereafter.

c. Suite Offers

- When a suite becomes available, an MVSH Team member will contact the applicant(s) to arrange a viewing of the available unit
- Applicants who decline the offer of a Senior's Self-Contained suite on two (2) separate occasions will have their application removed from the Senior's Self-Contained Program waitlist and all of their existing documentation will be considered obsolete. Individuals must then re-apply to the MVSH Senior's Self-Contained Program.



Housing and Admissions Department

Mountain View Seniors' Housing

Office: 403-556-2957 (ext. 708 OR ext. 731)

Fax: 587-796-0775

Email: admissions@mvsh.ca

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	

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: _____

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 (available on the Government of Alberta's website)	

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

Updated: January 13, 2026