Application for Accommodation

Lodge Apartment

In order for an application to be considered **complete**, it must include all of the following:

* Your Notice of Assessment for the most recent year. **(Government Required)**
* Completed & signed Application
* Completed & signed Physicians Examination

**All questions must be completed in full. Incomplete Applications will not be accepted or put onto the waiting list.**

**This Application must be signed by the applicant and Co-Applicant.**

**\*\*IMPORTANT**

1. **We are NOT emergency housing.**
2. **We CANNOT guarantee placement by a certain date.**

**We will contact you when we have a suitable unit available for you.**

***\*\* All personal information handed in with this application is kept confidential and will not be shared with any other parties.***

**APPLICATION FOR ACCOMODATION**

(Confidential)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

**Application Date:**

**1. Applicant’s Name:**

**Date of Birth(mm/dd/yyyy): Social Insurance No.**

**Alberta Personal Health No. Treaty No. (if applicable)**

**Present Mailing Address:**

**Address City/Town:**

**Province: Postal Code:**

**Telephone No. Alternate Telephone No.**

**Doctors Name: Clinic phone number:**

**Marital Status: Language spoken/written:**

**Are you able to self-medicate?**

**Are you able to complete personal hygiene? Do you require bathing assistance?**

**Alcohol use? Are you a smoker?**

**Do you have a vehicle? If yes, model: colour: License Plate #**

**Are you a Canadian Citizen? Landed Immigrant? Other:**

**Do you have any allergies? If yes, please list all:**

**Personal Talents/hobbies/interests:**

**Known Disabilities/Medical Conditions (walker, wheelchair, physical condition etc.):**

**Are you able to Manage all financial affairs? If no, list appointed Power of Attorney’s Name:**

**Address: City/Town:**

**Province: Postal Code:**

**Telephone No. Alternative Telephone No.**

**Do you have a will? If yes, please provide Executors information below**

**Name: Address**

**City/Town Province**

**Postal Code Telephone No.**

**Alternative Telephone No. Current Monthly Income: $**

**Are you receiving Alberta Seniors Benefits?**

**After paying rent will the applicant be left with $315 left for the month?**

**2. Co-Applicant’s Name:**

**Date of Birth: Social Insurance No.**

**Alberta Personal Health No. Treaty No.**

**Telephone No. Alternate Telephone No.**

**Doctors Name: Clinic phone number:**

**Marital Status: Language spoken/written:**

**Are you able to self-medicate?**

**Are you able to complete personal hygiene? Do you require bathing assistance?**

**Alcohol use? Are you a smoker?**

**Do you have a vehicle? If yes, model: colour: License Plate #**

**Are you a Canadian Citizen? Landed Immigrant? Other:**

**Do you have any allergies? If yes, please list all:**

**Personal Talents/hobbies/interests:**

**Known Disabilities/Medical Conditions (walker, wheelchair, physical condition etc.):**

**Are you able to Manage all financial affairs? If no, list appointed Power of Attorney’s Name:**

**Address: City/Town:**

**Province: Postal Code:**

**Telephone No. Alternative Telephone No.**

**Do you have a will? If yes, please provide Executors information below**

**Name: Address**

**City/Town Province**

**Postal Code Telephone No.**

**Alternative Telephone No. Current Monthly Income: $**

**Are you receiving Alberta Seniors Benefits?**

**After paying rent will the applicant be left with $315 left for the month?**

**3. List the name, address, telephone number and relationship of responsible relative, friend or guardian to be notified in the case of an emergency.**

**Name Relationship**

**Address City/Town:**

**Province: Postal Code:**

**Telephone No. Email:\_\_\_\_\_\_\_\_\_\_\_**

**Name Relationship**

**Address City/Town:**

**Province: Postal Code:**

**Telephone No. Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. What are your reasons for wanting to move?**

**5. Other related information you may wish to provide:**

**I understand this is just an application and it is not an agreement on the part of**

**Vanderwell Heritage Place or its agents to provide me with rental accommodation.**

**I further acknowledge the right of Vanderwell Heritage Place, or its agents, at any time prior to the**

**execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for**

**damages or otherwise, any prior approval of this application**

**I authorize Vanderwell Heritage Place, or its agents to investigate any or all the statements made by**

**Me in this application, being fully aware that discovery of any false statement shall cancel my**

**further consideration of my application.**

**This information is collected pursuant to the provisions of the Housing Act, and its regulations, and pursuant to**

**Section 32(c) of the FOIPP Act. For more information**

**Vanderwell Heritage Place Administrator, 301-6th Ave NE, Slave Lake, AB T0G 2A2 (780)849-2927**

**Signature of Applicant Signature of Co-Applicant**

**Witness- Administrator**