

APPLICATION FOR ACCOMMODATION - SENIOR CITIZENS

(Confidential)

PLEASE READ CAREFULLY

I understand that this is an application and that it is not an agreement on the part of RIDGE COUNTRY HOUSING, or its agents, to provide me with rental accommodation.

I further acknowledge the right of RIDGE COUNTRY HOUSING, 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 RIDGE COUNTRY HOUSING, or its agents, to investigate any or all of the statements made by me in this application, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree that I am obligated to advise RIDGE COUNTRY HOUSING, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

Signature of witness

Signature of applicant

Dominion of Canada)
Province of Alberta)

In the matter of this application for dwelling accommodation in
the housing project.

I, _____, of the _____ of
_____, in the Province of Alberta, do solemnly declare as follows;

- 1. That I am the applicant named in this application;
- 2. That the statements made by me in this application are correct to the best of my knowledge, information and belief, full and true in all respects;
- 3. That I have resided in the Province of Alberta for _____ years of my life and in the district for _____ years;

And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effects as if made under oath and by virtue of the "Canada Evidence Act".

Declared before me)
at the _____ of, _____)
in the Province of Alberta,)
this _____ day of _____, 20____)

Signature of applicant

A Commissioner for the Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment expires on _____
Day/Month/Year

(PLEASE PRINT)

Please Answer All Questions

1.) Applicants Name: _____
Last name First name

Date of Birth: _____ Social Insurance# _____

Alberta Health # _____

2.) Co-Applicant's Name: _____
Last name First name

Date of Birth: _____ Social Insurance# _____

Alberta Health # _____

3.) Are you a: Canadian Citizen
 Landed Immigrant
 or _____

4.) Present Address: _____
PO Box / Apartment no. / Street

_____ City / Town / Village Postal code Home Phone# _____

Alternate Contact Person: _____
Name Telephone no.

5.) If you are on Social Assistance, please state the name and office address of your Social Worker
Name: _____ Address: _____

6.) Monthly Income -- All incomes must be verified upon acceptance as a tenant

	Applicant \$	Co-Applicant \$
Old Age Security & Guaranteed Income Supplement	_____	_____
Alberta Assured Income Supplement	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income: Specify	_____	_____
	_____	_____
	_____	_____
Total:	_____	_____

Please list all investments and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts , real estates, registered retirement savings plan, etc.

INVESTMENTS/ASSETS

_____	\$ _____	Yearly	\$ _____	Monthly	\$ _____
_____	\$ _____	Yearly	\$ _____	Monthly	\$ _____
_____	\$ _____	Yearly	\$ _____	Monthly	\$ _____
	TOTAL \$ _____	TOTAL	\$ _____	TOTAL	\$ _____

7.] If you or your co-applicant have employment income(s) , please state the name(s) and address(es) of the employer(s)

Name of employer: _____
 Address: _____ Telephone _____

Name of your Co-Applicants Employer: _____
 Address: _____ Telephone _____

8.] Do you own or rent your present accommodation? Own Rent
 Present rent of house payment is \$ _____ per month, plus \$ _____ for heat and \$ _____ for light, water and sewer.

9.] If renting, name of your present Landlord: _____
 Address: _____
 Telephone: _____

10.] Is your present accommodation a:

- House
- Apartment Elevator? Yes No
- Motel / Hotel
- Rooming House
- Other _____

11.] Rooms in your present accommodation: _____ Kitchen
 _____ Living Room
 _____ Dining Room
 _____ Bathroom(s)
 _____ Number of Bedrooms

12.] Number of person(s) sharing your present accommodation:
 _____ Adults
 _____ Children

13.] Does any member of your household require accommodation adapted for a special need (i.e., wheelchair accessibility, etc.)

Family Doctor's Name _____

Address _____ Telephone _____

14.] Do you share with other occupants the use of the kitchen, bathroom, or bedroom? Yes No

If yes, Number of person(s) sharing kitchen _____

Number of person(s) sharing bathroom _____

Number of person(s) sharing bedroom _____

15.] Are your shower and/or bathtub, toilet and washbasin all located in your bathroom? Yes No

If NO, please give details

16.] Are your stove, fridge , cupboards, counter space and sink, all located in your kitchen? Yes No

If NO, please give details

17.] Do you have a pet? Yes No

If YES, what kind(s) and how many of each?

18.] Reasons for wanting to move: _____

If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for eviction:

19.] FOR APPLICANT USE

other related information you wish to provide.

20.] **Please ensure you attach a copy of your latest Notice of Assessment to this application.**