



CREATING CARING COMMUNITIES

Mikkelsen House has 139 self-contained suites consisting of bachelor, 1 and 2 bedroom suites, some barrier free. Each floor has a laundry room with washers and dryers provided by Coinmatic. Mikkelsen House is classified as “affordable housing” with rents set at 10% below the average Calgary rate. As well, tenants must be over the age of 60 to qualify and meet minimum/maximum income requirements. **Rents are not subsidized.**

To qualify to live at Mikkelsen House, you must provide documentation to show you meet the following criteria:

1. **Regular income:** You must have had employment or other steady income (such as pension or other financial support) for at least six months prior to moving into Mikkelsen House. **You must provide proof of income to qualify (i.e. copy of your tax assessment from the latest taxation year) and your income will be verified every year.**
2. **Income requirements:**
 - Individual tenant’s yearly income should be minimum \$18,000.
 - Maximum allowable income requirements for this affordable housing property are based on the Core Needs Income Threshold

2015 Core Need Income Thresholds MAXIMUM INCOME		
BACHELOR	1 BEDROOM	2 BEDROOM
\$39,000	\$46,000	\$55,000

3. **Credit report:** We will obtain the credit report with the tenant’s permission.
4. **Age qualification:** 60+
5. **Barrier-free suites:** 55+
6. **References** will be requested from your previous landlord(s).
7. **A medical report** may be requested.

RENTAL RATES:

Bachelor Suite:		1 Bedroom Suite:		2 Bedroom Suite:	
Barrier Free	\$670	Barrier Free	\$845	1 st /2 nd Floor <i>Small</i>	\$1025
1 st /2 nd Floor	\$705	1 st /2 nd Floor <i>Small</i>	\$875	1 st /2 nd Floor <i>Large</i>	\$1035
3 rd /4 th Floor	\$720	1 st /2 nd Floor <i>Large</i>	\$885	3 rd /4 th Floor <i>Small</i>	\$1035
3 rd /4 th Floor	\$745	3 rd /4 th Floor <i>Small</i>	\$885	3 rd /4 th Floor <i>Large</i>	\$1045
(S or W Facing)		3 rd /4 th Floor <i>Large</i>	\$895	(S or W Facing)	
		3 rd /4 th Floor <i>Small</i>	\$905		
		(S or W Facing)			
		3 rd /4 th Floor <i>Large</i>	\$925		
		(S or W Facing)			

Rent includes: *heat, water/sewer. Tenants are responsible for electricity, cable TV, phone and internet services. Please note rental rates are subject to change.*

**A security/damage deposit of one month’s rent is required in the form of certified cheque or money order and must be received upon final acceptance, prior to taking possession of the apartment.

Limited surface parking (with power) is available for **\$32 per month (as available)

Limited underground parking is available for **\$62 per month (as available)

Please complete the attached application form and return in person, by mail, fax or email.

Mikkelsen House Leasing Office - 2933 – 26th Avenue SE Calgary, AB T2B 0N5

Fax: 403-770-5102

Email: info@bethanycare.com

If you require additional information, please call: **403-441-0673**



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Riverview Village
Mikkelsen House

2933 - 26th Avenue SE. Calgary, AB T2B 0N5

Phone: (403) 441-0673

Fax: (403) 770-5102

Head Office: 1001 - 17 Street NW, Calgary, AB T2N 2E5

APPLICATION FOR HOUSING

BACH

1 BR

2 BR

DATE: _____

PLEASE PRINT CLEARLY

APPLICANT				CO-APPLICANT			
NAME				NAME			
LAST		FIRST		LAST		FIRST	
PHONE #	RES.:	CELL:	BUS.:	PHONE #	RES.:	CELL:	BUS.:
DATE OF BIRTH (yyyy/mm/dd)				DATE OF BIRTH (yyyy/mm/dd)			
SOCIAL INSURANCE NUMBER (Optional-used for credit check)			ARE YOU A SMOKER?	SOCIAL INSURANCE NUMBER (Optional-used for credit check)			ARE YOU A SMOKER?
			YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>
PRESENT ADDRESS				PRESENT ADDRESS			
STREET				STREET			
CITY/PROV		POSTAL CODE		CITY/PROV		POSTAL CODE	
RENT \$	OWN \$	BOARD \$	BOARD \$	RENT \$	OWN \$	BOARD \$	BOARD \$
HOW LONG?		SINCE: (mm/dd/yy)		HOW LONG?		SINCE: (mm/dd/yy)	
REASON FOR WANTING TO LEAVE:				REASON FOR WANTING TO LEAVE:			
PRESENT LANDLORD				PRESENT LANDLORD			
Name (Last,First)			Phone	Name (Last,First)			Phone
PREVIOUS LANDLORD				PREVIOUS LANDLORD			
Name (Last,First)			Phone	Name (Last,First)			Phone
Other Person who will occupy the suite				Other Person who will occupy the suite			
Name		Relationship	Date of Birth	Name		Relationship	Date of Birth
EMERGENCY INFORMATION				EMERGENCY INFORMATION			
Next of Kin (not spouse)		Name:		Next of Kin (not spouse)		Name:	
Address	Relationship	Phone		Address	Relationship	Phone	
Support Workers or Counselor (if any)				Support Workers or Counselor (if any)			
Name			Phone	Name			Phone
FAMILY DOCTOR				FAMILY DOCTOR			
Name			Phone	Name			Phone

EMPLOYMENT INFORMATION				EMPLOYMENT INFORMATION			
Present Employer			Phone	Present Employer			Phone
Position			Since (mm/dd/yy)	Position			Since (mm/dd/yy)
Full-time	Part-time	Temporary	Seasonal	Full-time	Part-time	Temporary	Seasonal
<i>Income (all sources) \$ Complete attached Schedule A</i>				<i>Income (all sources) \$ Complete attached Schedule A</i>			
Previous Employer			Phone	Previous Employer			Phone
Position			Since (mm/dd/yy)	Position			Since (mm/dd/yy)
Full-time	Part-time	Temporary	Seasonal	Full-time	Part-time	Temporary	Seasonal
PARKING REQUIRED				PARKING REQUIRED			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many spots?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many spots?	
VEHICLE INFORMATION				VEHICLE INFORMATION			
Model/Year	Color	Plate No.:		Model/Year	Color	Plate No.:	
ARE THERE ANY CIRCUMSTANCES YOU WOULD LIKE TO MAKE US AWARE OF?							
DECLARATION							
<p>* I/We hereby declare that the foregoing information is true and correct. I/We hereby authorize and allow Bethany Care Society to complete a credit/personal investigation and I/We give permission to previous landlords and references to provide information on our previous associations as requested by Bethany representatives in completing their investigation.</p> <p>Application to rent is subject to the approval and acceptance of Bethany Care Society.</p>							
Signature				Signature			
Date				Date			
" For Office Use Only "							
Tax Assessment				Tax Assessment			
Proof of Income				Proof of Income			
Identification Verification: 1				Identification Verification: 1			
2				2			
References checked by				Interview done by:			
Credit verified by				Comments:			
Employment verified by							
Previous landlord verified							
Approved by							
Application Disapproved:			Reason:	Date:			

SCHEDULE A ANNUAL INCOME

All income amounts require verification

Line 150 of most recent Income Tax

Notice of Assessment: _____

(please attach a copy of the most recent income tax notice of assessment to schedule A)

INCOME SOURCE	APPLICANT	CO-APPLICANT
RRSP, RIF withdrawals in the most recent tax year		
Principal Portion of annuity payments		
Income from outside Canada		

ASSETS: Please list your investments/assets such as stocks, bonds, term deposits, real estate, foreign investments.

(pension funds, RRSPs, RIFs are not included in assets)

INCOME SOURCE	APPLICANT	CO-APPLICANT

Home: Estimated Net Equity: _____

Signature _____ Date _____

Signature _____ Date _____