



**APPLICATION FOR SENIOR CITIZENS
SELF CONTAINED ACCOMMODATION
CONFIDENTIAL
PLEASE READ CAREFULLY**

I understand that this application does not constitute an agreement on the part of **Bethany Care Society**, or its agents, to provide me with rental accommodation.

I further acknowledge the right of **Bethany Care Society**, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel without penalty or liability for damages, or otherwise, any acceptance or approval of this application previously made or given.

I authorize **Bethany Care Society**, 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 obliged to advise **Bethany Care Society**, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I also agree that the information provided by me pertains to all persons named within this application.

Signature of Witness

Signature of Applicant

Date

Signature of co-applicant

Any application may be cancelled after six (6) months if no contact has been made with Bethany Care Society to update or indicate continued interest. A personal interview and verification of financial information will be required to determine eligibility for placement and a Tenancy Agreement will have to be signed if social housing accommodations are provided.

Bethany Care Society provides the Commissioner for Oaths service free of charge during your interview. *Picture Identification is required*

STATUTORY DECLARATION

DOMINION OF CANADA) IN THE MATTER OF THIS APPLICATION FOR DWELLING
PROVINCE OF ALBERTA) ACCOMMODATION IN THE HOUSING PROJECT.
To Wit)

I/We _____, of the City of Calgary, in the Province of Alberta, do solemnly declare as follows:

- 1. That I/we am/are the applicant(s) named in this application;
- 2. That any statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects;
- 3. That I/we have resided in Canada for ____ years of my/our life and in Alberta for ____ years.

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

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

Signature of Applicant

Signature of Co-Applicant

Commissioner of Oaths In and for the Province of Alberta

Printed name of Commissioner of Oaths

My appointment expires on _____

This personal information is being collected under the authority of the Alberta Housing Act, Social Housing Accommodation Regulations and will be used to determine eligibility for Social Housing. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). If you have any question about the collection, contact the **FOIP Coordinator, Bethany Care Society, 1001 17 Street N.W., Calgary, Alberta T2N 2E5. Phone: (403) 210-4600 Fax: (403)284-1992.**

PLEASE PRINT AND ANSWER ALL QUESTIONS

Date of application: _____

Applicant's Name: _____
(Last name) (First name)

Date of Birth: _____
Month Day Year

Spouse / Co-applicant's Name _____
(Last name) (First name)

Date of Birth: _____
Month Day Year

Citizenship Status: ____ Canadian Citizen ____ Landed Immigrant ____ Sponsored Immigrant

Number of Years Residing in Calgary: _____ Number of Years Residing in Alberta _____

Marital Status: __ Single __ Married __ Widowed __ Separated __ Divorced __ Common Law

If separated, divorced, common-law, state length of time _____

Present Address:

(P.O Box/Apartment No./Street)

(City/Town/Village) (Postal Code) Home Telephone No: _____

Alternate Contact Person: _____
(Name) (Telephone no.)

Monthly Income: Please attach a copy of the most recent Notice of Assessment. Application will not be processed without proper verification documents.

	Applicant	Spouse/Co Applicant
Old Age Security and GIS	\$ _____ year	\$ _____ year
Canada Pension Plan	\$ _____ year	\$ _____ year
Foreign Pension	\$ _____ year	\$ _____ year
Spouse Allowance	\$ _____ year	\$ _____ year
Company Pension/Superannuation	\$ _____ year	\$ _____ year
Employment Income	\$ _____ year	\$ _____ year
Employment Insurance Benefits	\$ _____ year	\$ _____ year
Worker's Compensation	\$ _____ year	\$ _____ year
Disability Pension	\$ _____ year	\$ _____ year
War Veteran's Pension	\$ _____ year	\$ _____ year
Social Assistance ***	\$ _____ year	\$ _____ year
A.I.S.H	\$ _____ year	\$ _____ year
Interest and Investment Income	\$ _____ year	\$ _____ year
RRSP, RIFF or Annuity Income	\$ _____ year	\$ _____ year
Other Income (Please specify)	\$ _____ year	\$ _____ year
TOTAL		

*** If applicable, SOCIAL WORKER'S NAME _____

Telephone number: _____ Fax: _____

E-mail address: _____

ASSETS: Please list all investments/assets and interest or income e. **Annuities, RRSP & RRIF are not to be included.**

Real Estate Property Present Value: \$ _____ Mortgage \$ _____

Total Cash & Bank Deposits: \$ _____ GIC's or Term Deposits: \$ _____

Bonds & Securities: \$ _____ Mutual Funds: \$ _____

Other: \$ _____

Employment Income: If you or your co-applicant have employment income (s), please state the name(s) and address of the employer (s).

Employer: _____ Telephone # _____

Address: _____

Co-Applicant Employer; _____ Telephone # _____

Address: _____

Present Accommodation: Do you Own _____ Rent _____ Live with family _____ Other _____

Present rent or house payment is \$ _____ per month, plus \$ _____ for heat and \$ _____ for light, water and sewer.

Length of time at present address: _____

If renting, name of present Landlord: _____

Address: _____ Telephone number: _____

Is your present accommodation a _____ house _____ apartment _____

motel / hotel _____ other _____ Does it have an elevator? _____ yes _____ no

Number of rooms in your present accommodation: _____ kitchen _____ living room _____ dining room _____ bathroom _____ bedroom

Number of persons sharing your present accommodation: _____ adults _____ children

Does any member of your household require accommodation adapted for special needs (i.e. wheelchair accessibility, etc) _____ yes _____ no if yes, explain _____

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 _____

Is your shower and /or bathtub, toilet and washbasin all located in your bathroom? _____ yes _____ no

If no, please give details: _____

Are your stove, refrigerator, cupboards, counter space and kitchen sink all located in your kitchen?

_____ yes _____ no if no, please explain _____

Do you currently support a dependent adult/child? _____yes _____ no

Do you have difficulty managing stairs? _____ yes _____ no

Are there stairs in your **current** accommodation? **Inside:** ____ yes ____no **Outside:** ____yes ____ no

Are there areas within your current accommodation that provide a safety or security risk? Please explain.

Do you have a pet? _____ no _____ yes What type of pet?_____ **(Reptiles, dogs and/or cats are not accepted in our building)**

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 the eviction_____

Have you been evicted from any rental premises in the past ten years? _____yes _____ no

Please provide details about your tenancy history and about any past eviction.

Do you smoke? _____ yes _____ no

Please note that tenants and/or their guests **are not** allowed to smoke in the suites or on the building property which includes the parking lot.

For applicant’s use – Other related information that you wish to provide.

Circle the building you are applying for:

Foothills Manor Luther Place Rose Manor Sharon Manor Bethany Village
3118 34th Ave. NW 8847 Fairmount Dr. SE 120 18th Ave. NE 255 17th Ave. NE 240 Lincoln Way SW

MAIL APPLICATION TO: 255 17th Avenue NE Calgary, AB T2E 1L9



Bethany Care Society requires a recent landlord reference, rental history and/or credit history. It is necessary to obtain your written consent so please complete the following and submit with your application.

Applications received without a signed Consent to Release Information form will **not** be processed.

CONSENT TO RELEASE INFORMATION

I, (we) _____ (please print)

give my (our) permission to Bethany Care Society to contact the person I (we) have listed as a Landlord reference to obtain information about my tenancy history and/or access my credit information for the purpose of assessing eligibility for housing with Bethany Care Society.

I, (we) have read, understood and agree with the above consent.

Applicant's Signature: _____

Dated on: _____
Month Day Year

Witness' Name: _____ (please print)

Witness' Signature: _____

Dated on: _____
Month Day Year



Foothills Manor	3118 34th Avenue NW, Calgary, AB T2L 2A3
Luther Place	8847 Fairmount Dr. SE, Calgary, AB T2H 0Z4
Sharon Manor	255 17th Avenue NE, Calgary, AB T2E 1L9
Rose Manor	120 18th Avenue NE, Calgary, AB T2E 1M9
Bethany Village	240 Lincoln Way SW, Calgary, AB T3E 6X7

ELIGIBILITY REQUIREMENTS:

- **Single person:** minimum age is 65 years **Couples:** minimum age for one spouse is 65 years.
- Applicant/s must be **functionally independent** which may include the aid of community based services.
- Applicant/s must be a resident of Canada for 10 consecutive years, living in Calgary for 1 year and a Canadian citizen or permanent resident. Please note that an immigrant senior who is sponsored to live in Canada is not eligible for Subsidized Housing until they have lived in Canada for 10 years.
- Ceiling on annual income is **\$46,000** and **asset restriction is \$82,000.**

TENANT SELECTION:

All applicants will be evaluated according to the Alberta Municipal Affairs point scoring procedures. Those applications with the highest need will receive priority. A criterion of need includes income, proportion of present income to rental rate in present accommodation and conditions of present accommodation. Under no circumstances will a person's race, religion, color, sex, ancestry or place of origin be consideration for eligibility.

RENTAL RATES:

As this is a government owned and subsidized apartment building, the rents charged are based on 30% of the total gross household's adjusted income which is taken from line 150 of the most recent Notice of Assessment (or Reassessment).

In compliance with government regulations, annual income verification is required. Rental rates are reviewed once a year and new leases take effect the first day of July. For Bethany Village tenants rental rates are also reviewed once a year and new leases take

effect on the first day of the move-in anniversary month. Rents will vary as a result in changes to the household income.

- Window coverings, fridge, stove, heat, water, sewer and garbage removal are included in the rent amount.
- Electricity is \$40-\$48/month for a single person and \$45-\$53/month for a couple and is subject to change
- Parking is subject to availability and is \$18/month (subject to change)
- Tenant is responsible for cable television, internet and telephone (Bethany Village tenants ONLY)

HOW TO APPLY:

Senior Citizens interested in obtaining accommodation or for further information may contact or Busola Salami at 403-277-0961 or Busola.Salami@bethanyseiors.com or Luisa Parente at 403-242-4355 or Luisa.Parente@bethanyseiors.com.

MAIL COMPLETED APPLICATIONS TO:

**Sharon Manor
255 17 Avenue NE
Calgary, AB
T2E 1L9**

Please indicate on the application which building/s you are interested in.

Please note: Housing is assigned on the basis of need. A completed application form and a personal interview is required before placing an applicant on the waiting list. Contact the office to schedule an appointment.

**Self Reported Medical Information Form
(to be completed by the applicant)**

NAME: _____

Please provide answers to the following questions and add comments where ever possible:

About your mobility: Do you use mobility aids?			Additional Comments
	Wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes (please circle): Electric Manual	
	Scooter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes (please circle): Indoor? Outdoor?	
	Walker? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes (please circle): 2 wheeled? 4 wheeled?	
	Cane? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes (please circle): Single? Quad?	
Can you manage stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you walk a city block?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you administer your own medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you dress yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you maintain your own daily personal hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who assists you?	
Have you had any falls in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

About your physical health: Do you have?		Additional comments:
Allergies to food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes what foods:
Allergies to medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes what medications:
Allergies to anything in the environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes what items:
Hearing problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes do you wear a hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vision problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes do you wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Urine incontinence problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes how do you manage this?

**Self Reported Medical Information Form
(to be completed by the applicant)**

Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes do you take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes how is it controlled?

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional comments: If you have quit how long has it been?
Do you use oxygen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you administer you own medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive any other support services? (Home Care, Social Worker, Meals on Wheels, Life Line, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

About your mental health:

How would you describe your mood over the last 3 months?	<input type="checkbox"/> Happy <input type="checkbox"/> Upbeat and positive <input type="checkbox"/> Unhappy and down <input type="checkbox"/> Sad <input type="checkbox"/> Lonely <input type="checkbox"/> Shy <input type="checkbox"/> Frustrated/Angry	How do you manage this condition (medication, support services)?
Have you been diagnose with any of the following?	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Paranoia <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Addiction to alcohol <input type="checkbox"/> Addiction to drugs <input type="checkbox"/> Attempted suicide	How do you manage this condition (medication, support services)?
Do you have any memory loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
Do you have any difficulties with hoarding/collecting items?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
Over the last 3 months has your emotion or physical health restricted your daily social activities with family, friends and or group settings?	<input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	
Have you had any injury or serious illness within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	