



**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.**

	<b>Applicant</b>	<b>Spouse/Co Applicant</b>
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
<b>TOTAL</b>		

\*\*\* 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:**

**First Assembly Manor**  
**614 57 Ave SW**  
**Calgary, Alberta**  
**T2V 0H4**  
**403-252-4744**  
**Fax 403-252-4744**

**Glenmore Manor**  
**1111 68 Ave SW**  
**Calgary, Alberta**  
**T2V 4X1**  
**403-252-4744**

**Menno Court**  
**2808 25 St SW**  
**Calgary, Alberta**  
**T2E 1X9**  
**403-252-4744**

**Menno Gardens**  
**2637 25 St SW**  
**Calgary, Alberta**  
**T3E 1X7**  
**403-252-4744**



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