



**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:

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