



Lions Village has 90 self-contained suites consisting of 1 and 2 bedroom units. There are six 2bedroom barrier-free suites and four 1-bedroom, barrier-free suites.

Lions Village is classified as "affordable housing" which means that rents are 10 per cent less than "market" rates. Lions Village is classified as **Affordable Housing**, and as such, certain qualification criteria apply. **Rents are not subsidized**.

To qualify to live at Lions Village, you must meet and provide documentation for the following criteria:

- Income Requirements: 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 Lions Village. You must provide proof of income to qualify (i.e. <u>copy of your tax assessment</u> <u>from the latest taxation year</u>) and your income will be verified every year.
- 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

2021 Income Thresholds MAXIMUM INCOME (Alberta Seniors and Housing)

BACHELOR	1 BDRM	2 BDRM
36,500	43,500	53,500

- 2. **Credit report:** We will obtain the credit report with the tenant's permission.
- 3. Age qualification: 60+ and 55+ for barrier free suites
- 4. **References** will be requested from your previous landlord(s).

<u>RENTAL RATES</u> : Bachelor (400 sq/ft)	<u>\$700.00</u>
1 Bedroom Suite:	\$825.00 - \$945.00
Small (<500 sq/ft)	Medium (500-550 sq/ft) Large (>550 sq/ft)
2 Bedroom Suite:	<u> \$1,000.00 - \$1,180.00</u>
Small (<800 sq/ft)	Medium (800-840 sq/ft) Large (>840 sq/ft

services.

**A security/damage deposit of one month's rent is required

**Limited parking (with power) is available for \$50.00 per month from July – October \$70.00 from November 1 – March 31

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

Lions Village 119 - 2528 Bowness Road NW, Calgary, AB T2N 3L9 Fax: 587-353-8016 | Email: info@bethanyseniors.com If you require additional information, please call: 403-283-3836.



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

LIONS VILLAGE

2528 Bowness Road NW, Calgary, AB T2N 3L9 Phone: 403-283-3836 Fax: 587-353-8016



APPLICA	TION FOR	HOUSING	6									
DATE:						Пв	arrier-free	e requeste	ed			
PLEASE PRINT	CLEARLY											
		APPLICA	VT					С	O-APPLICANT			
NAME					NAME							
LAST				FIRST	LAST						FIRST	
PHONE #	RES.:	CELL:		BUS.:	PHONE	:# I	RES.:		CELL:	BU	IS.:	
DATE OF BIRT	Н (уууу/mm/c	ld)			DATE C	OF BIRTH	(yyyy/r	mm/dd)				
SOCIAL INS (Optional-us	JRANCE NUMBE	R	ARE Y	OU A SMOKER?			ANCE NUM			ARE YO	U A SMOKER?	
check)			YES	NO				CHECKY		YES	NO	
PRESENT AI	DDRESS				PRESE	ENT ADD	RESS					
STREET					STREET							
CITY/PROV				POSTAL CODE	CITY/PR	ov					POSTAL CODE	
RENT \$	OWN \$	воа	RD \$	BOARD \$	RENT \$	5	OWN \$;	BOARD \$	E	BOARD \$	
HOW LONG?		SINCE: (mm/c	d/yy)		HOW L	HOW LONG? SINCE: (mm/dd/yy)						
REASON FOR	WANTING TO LEA	VE:			REASO	REASON FOR WANTING TO LEAVE:						
PRESENT LANDLORD			PRESE	PRESENT LANDLORD								
Name (Las	t,First)			Phone	Name	e (Last,F	irst)				Phone	9
PREVIOUS L	ANDLORD		I		PREVI	OUS LAN	NDLORD					
Name (Last,First) Phone Phone			Name	Name (Last,First) Phone Phone								
Other Person(s), under 18, who will occupy the suite			Other	Other Person(s), under 18, who will occupy the suite								
Name		Relatio	onship	Date of Birth	Name	9			Relationship Date		Date of Bir	rth
Name		Relatio	onship	Date of Birth	Name	ame Relationship		ip	Date of Bir	rth		
Name		Relatio	onship	Date of Birth	Name	Name		Relationship Date of		Date of Bir	rth	
EMERGENCY INFORMATION		EMER	EMERGENCY INFORMATION									
Next of Kin (n	ot spouse)	Name:				Kin (not	spouse)	Name:				
Address		F	Relationship	Phone	Addres	S			R	elationsh	ip Phone	
SPECIAL NEEDS			SPECI	SPECIAL NEEDS								
FAMILY DOCTOR			FAMI	FAMILY DOCTOR								
Name				Phone	Name						Phone	

EMPLOYMENT INFORMATION		EMPLOYMENT INFORMATION					
Present Employer	Phone	Present Employer Phone			Phone		
Position	Since (mm/dd/yy)	Position		Since (mm/e	dd∕yy)		
Full-time Part-time Temporary	Seasonal	Full-time Part-time	Temporar	y Seasonal			
Income (all sources) \$		Income (all sources)	\$				
Previous Employer	Phone	Previous Employer			Phone		
Position	Since (mm/dd/yy)	Position		Since (mm/o	dd/yy)		
Full-time Part-time Temporary	Seasonal	Full-time Part-time	e	Temporary S	Seasonal		
PARKING REQUIRED		PARKING REQUIRED					
Yes 🗌 No 🗌 How many	y spots?	Yes 🗌 No 🗌	How	many spots?			
VEHICLE INFORMATION		VEHICLE INFORMATION					
Model/Year Color Pl	late No.:	Model/Year	Color	Plate No.:			
ARE THERE ANY CIRCUMSTANCE		L KE TO MAKE US AWA	ARE OF?				
		LARATION					
* I/We hereby declare that the foregoi	-		-		าy		
Care Society to complete a credit/per							
references to provide information on c	our previous associatio	ons as requested by Bet	hany repres	entatives in			
completing their investigation.							
Application to rent is subject to the ap	pproval and acceptanc	e of Bethany Care Socie	ety.				
Signature		Signature					
Date		Date					
	" For Offi	ce 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		I					
			D-1				
Application Disapproved: Re	eason:		Date:				