



# Application for Seniors Housing

## Riverview Village

Leasing Office: 2933 26 Ave S.E., Calgary, AB T2B 0N5

Phone: 403-272-8615

Fax: 403-770-5102

Email: [info@Bethanyseniors.com](mailto:info@Bethanyseniors.com)

**PLEASE CIRCLE PREFERRED BUILDING**

**Kanerva House**

2945 26 Ave SE

Age: 65+

109 One-bedroom suites

\$975.00 per month

**Wilkinson House**

2939 26 Ave SE

Age: 55+

97 Studio suites - \$785.00 per month

12 One-bedroom suites - \$975.00 per month

Rent includes water/sewer, electricity, and heat.

Parking \$25.00 per month without plug in or \$37.00 per month with plug in (subject to availability).

*NOTE: RATES ARE SUBJECT TO CHANGE*

## ELIGIBILITY REQUIREMENTS

- Maximum annual income is \$70,500.00.
- You must be an independent senior, meaning you are able to take care of your own needs. We do not provide any personal services such as medical care, meals or housekeeping. Tenants must make private arrangements for personal support services. A functional assessment (completed by your physician) may be required.
- A demonstrated regular source of income (employment, CPP etc.) is required.
- Proof of income upon application and annual submission of most current Notice of Assessment required.
- All applicants will be subject to a credit check and must provide a previous landlord(s) reference.
- First month rent and security deposit required prior to taking possession. Damage deposit must be in the form of certified check or money order. **Cash is not accepted.**
- You must provide proof of current tenant insurance before moving in and annually thereafter.
- One cat may be permitted – pre-approval is required.

**PLEASE NOTE: All Bethany Care Society property is smoke free – smoking is not permitted in the suites, buildings or on the property.**

## APPLICATION PROCESS

Please complete this application and include a copy of most recent Notice of Assessment (line 15000) and return to the leasing office. Your application will be reviewed and upon approval your name will be placed on our waiting list. Approved applications are placed on the waitlist in the order they are received. Your name will be maintained upon the waiting list for a period of six months, if we are unable to offer you accommodation within six months it will be necessary for you to reapply. If you are offered a suite and decline your application will be moved to the bottom of the waitlist.

**PERSONAL INFORMATION - APPLICANT**

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
                            DAY           MONTH       YEAR

PHONE # (CELL): \_\_\_\_\_

PHONE # (LANDLINE): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL INSURANCE #: \_\_\_\_\_ (OPTIONAL, USED FOR CREDIT CHECK)

PREFERRED SUITE SIZE: ( ) STUDIO ( ) ONE BEDROOM

**PERSONAL INFORMATION – CO-APPLICANT**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
                            DAY           MONTH       YEAR

PHONE # (CELL): \_\_\_\_\_

PHONE # (LANDLINE): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL INSURANCE #: \_\_\_\_\_ (OPTIONAL, USED FOR CREDIT CHECK)

**EMERGENCY CONTACT/NEXT OF KIN**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DO YOU HAVE A SOCIAL WORKER OR OTHER SUPPORT WORKER: YES \_\_\_\_ NO \_\_\_\_

NAME OF WORKER: \_\_\_\_\_

AGENCY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DO YOU HAVE A WILL: YES \_\_\_\_ NO \_\_\_\_

NAME OF EXECUTOR/PERSONAL REPRESENTATIVE:  
\_\_\_\_\_

### CURRENT ACCOMMODATION

WHAT IS YOUR CURRENT LIVING SITUATION?

OWN: \_\_\_\_ RENT: \_\_\_\_ LIVE WITH OTHERS: \_\_\_\_ SHELTER/HOMELESS: \_\_\_\_

OTHER (EXPLAIN): \_\_\_\_\_

CURRENT ADDRESS:  
\_\_\_\_\_

CITY: \_\_\_\_ PROV: \_\_\_\_ POSTAL CODE: \_\_\_\_

LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_

NAME OF CURRENT LANDLORD: \_\_\_\_\_

CURRENT LANDLORD PHONE #: \_\_\_\_\_

MONTHLY RENT: \$ \_\_\_\_ HEAT \$ \_\_\_\_ ELECTRICITY \$ \_\_\_\_

WATER AND SEWER \$ \_\_\_\_

TYPE OF ACCOMODATION:

HOUSE \_\_\_\_ APARTMENT \_\_\_\_ ROOMING HOUSE \_\_\_\_ HOTEL \_\_\_\_

SHELTER \_\_\_\_ OTHER \_\_\_\_

PREVIOUS LANDLORD (IF LESS THAN ONE YEAR AT CURRENT ADDRESS)

NAME \_\_\_\_\_

PHONE#: \_\_\_\_\_

DO YOU HAVE DIFFICULTY MANAGING STAIRS? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU CURRENTLY HAVE A PET? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT TYPE? \_\_\_\_\_

DO YOU SMOKE? YES \_\_\_\_\_ NO \_\_\_\_\_

*PLEASE NOTE: THIS WILL NOT AFFECT ELIGIBILITY. TENANTS AND THEIR GUESTS ARE NOT PERMITTED TO SMOKE ANYWHERE ON THE PROPERTY INCLUDING IN THE SUITE, PATIO AREAS, AND PARKING LOT.*

DO YOU REQUIRE PARKING? YES \_\_\_\_\_ NO \_\_\_\_\_

*(PLEASE NOTE: PARKING STALL AVAILABILITY IS LIMITED)*

**REASON FOR MOVING**

WHY DO YOU WANT TO MOVE? \_\_\_\_\_

WHEN DO YOU WANT TO MOVE? \_\_\_\_\_

IF YOU HAVE BEEN GIVEN A NOTICE TO VACATE/EVICTION OR HAVE BEEN PROVIDED A "NON-RENEWAL OF LEASE PLEASE SUBMIT A COPY OF THE NOTICE AND PROVIDE DETAILS BELOW:

\_\_\_\_\_  
\_\_\_\_\_

## INCOME INFORMATION

ANNUAL INCOME FROM LINE 15000 OF MOST RECENT NOTICE OF ASSESSMENT:

\$ \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

PLEASE INDICATE ALL SOURCES OF INCOME:

SOURCE	MONTHLY	ANNUAL
EMPLOYMENT INCOME		
CANADA PENSION PLAN		
OLD AGE SECURITY		
GUARANTEED INCOME SUPPLEMENT		
COMPANY PENSION		
OTHER PENSION		
EMPLOYMENT INSURANCE BENEFITS		
AISH		
SOCIAL ASSISTANCE		
WORKERS COMPENSATION		
SPOUSAL ALLOWANCE		
INTEREST AND INVESTMENT INCOME		
RRSP, RIFF OR ANNUITY INCOME		
OTHER (SPECIFY)		
TOTAL INCOME		

## SUBMIT YOUR APPLICATION

1. Complete pages 2 to 5 of the application
2. Read and sign Consent on page 7
3. Provide proof of income with a copy of your most recent Notice of Assessment (line 15000) plus proof of any other income not included in your Notice of Assessment (i.e. private pension, foreign pension, investment income). **If your most recent Notice of Assessment is not available or is not indicative of your income, include three months of your most recent bank statements.**

Submit application and proof of income documents to:

**MAIL: Leasing office  
2933 26 Ave SE  
Calgary, Alberta  
T2B 0N5**

**EMAIL: [Info@Bethanyseniors.com](mailto:Info@Bethanyseniors.com)  
FAX: 403-770-5102**

For further information or assistance with your application please call 403-272-8615

**Please note we will not contact you until a suite becomes available.**

**CONSENT - PLEASE READ CAREFULLY**

I/we 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/we 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/we hereby 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.

Furthermore I/we give permission to Bethany Care Society to contact the person listed as current/previous landlord to obtain a reference check and or/access my credit information for the purpose of assessing eligibility for housing with Bethany Care Society.

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

I/we have read, understand, and agree with the above consent.

Applicant's signature: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_

Date:     \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_  
          Day       Month       Year