

Application for Seniors Housing

Lions Village

2528 Bowness Rd NW
Calgary, Alberta
T2N 3L9

Phone: 403-283-3836

Fax: 587-353-8016

Email: info@Bethanyseniors.com

Lions Village has 90 self-contained suites consisting of bachelor, one and two-bedroom units with some barrier free units. Rents at Lions Village is classified as “**Affordable housing**” which means rents are 10% below the average rental market rate for similar suites within the City of Calgary. **Rents are not subsidized.**

Monthly rentals rates range from:

- \$800 for bachelor suites
- \$1000.00 - \$1100.00 for one-bedroom suites
- \$1250.00 - \$1300.00 for two-bedroom suites

*Rent includes heat and water/sewer.

*Limited parking (with power) \$50.00 per month from April 1 - October 31 and \$70.00 per month from November 1 to March 31 (subject to availability).

Note: rates are subject to change.

Eligibility Requirements

- 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 minimum annual income is \$18,500.
- Maximum annual income is \$39,500.00 for a bachelor suite, \$49,000.00 for a one-bedroom suite, and \$59,000 for a two-bedroom suite (subject to change).
- You should be a minimum of 60+ years of age or 55 years of age for a barrier-free suite (subject to availability).
- 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.
- Security deposit required prior to taking possession. Security 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.

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

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 () BACHELOR () ONE BEDROOM () TWO 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 ACCOMODATION

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/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 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)

VEHICLE INFORMATON: MODEL/YEAR _____

COLOR _____ PLATE # _____

***PLEASE NOTE, PETS ARE NOT PERMITTED.**

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		

ADDITIONAL INFORMATION

ARE THERE ANY CIRCUMSTANCES OR INFORMATION YOU WOULD LIKE TO MAKE US AWARE OF?

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 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

This personal information is being collected will be used to determine eligibility for Affordable

SUBMIT YOUR APPLICATION

1. Complete pages 2 to 4 of the application
2. Read and sign Consent on page 5.
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 indicative of your income, include three months of your most recent bank statements.**

Submit application and proof of income documents to:

MAIL: Lions Village
119, 2528 Bowness Rd NW
Calgary, Alberta
T2N 3L9

EMAIL: Info@Bethanyseniors.com
FAX: 587-353-8016

For further information or assistance with your application please call
403-283-3836

Please note we will only contact you when a suite becomes available

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, 100 2915 26 Avenue S.E. Calgary, Alberta T2B 2W6. Phone: (403) 210-4600

OFFICE USE ONLY

Applicant		Co-Applicant	
NOA		NOA	
Proof of Income		Proof of Income	
Identification Verification		Identification Verification	
References Checked by		Interview done by:	
Credit Verified by		Comments:	
Employment Verified		Employment Verified	
Previous Landlord Verified		Previous Landlord Verified	
Approved By:			
Application Disapproved		Date:	
Reason:			