

## Application for Seniors Housing

### **Mikkelsen House**

**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)**

Mikkelsen House has 139 self-contained suites consisting of studio, one, and two-bedroom units, including some barrier free units.

Rents at Mikkelsen House are maintained at a minimum of 10% below the average rental rate for similar suites within the City of Calgary.

Monthly rentals rates range from:

- \$765.00 - \$1000.00 for studio suites
- \$965.00 - \$1065.00 for one-bedroom suites
- \$1175.00 - \$1195.00 for two-bedroom suites

Rent includes heat and water/sewer.

Parking - \$37.00 per month for surface and \$70.00 per month for underground (subject to availability).

*Note: rates are subject to change.*

### ELIGIBILITY REQUIREMENTS

- Maximum annual income is \$39,500.00 for a studio suite, \$49,000.00 for a one-bedroom suite, and \$59,000 for a two-bedroom suite (subject to change).
- 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.
- 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.
- 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.

**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 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. 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 ( ) 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 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? \_\_\_\_\_ (PLEASE NOTE, PETS ARE NOT PERMITTED AT MIKKELSEN HOUSE)

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		

**ADDITIONAL INFORMATION**

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

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## 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

*This personal information is being collected and will be used to determine eligibility for Affordable Housing. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection, contact the FOIP Coordinator, Bethany Care Society, 100 2915 26 Avenue S.E. Calgary, Alberta T2B 2W6.*