



Application for Seniors Subsidized Housing

WHO IS ELIGIBLE TO APPLY?

- You must be able to manage your daily living tasks safely and independently or with the help of community-based support services (such as Homecare)
- You must be minimum 65 years old (an applicant under 65 may be considered depending on circumstances).
- Co-applicant must be minimum 55 years old.
- You must be a Canadian Citizen, Permanent Resident or a refugee sponsored by the Government of Canada.
- Your maximum annual income cannot exceed \$39,500.00/year for a studio or \$49,000/year for a one bedroom (subject to change)

APPLICATION PROCESS

- Complete and submit the application and all required documents.
- Application will be reviewed to confirm eligibility and placed on the waitlist accordingly. Please note waitlist placement is not on a “first come first served” basis. All applications will be evaluated and placed on the waitlist according to the Alberta Government Priority of Need Rating procedure.
- When a suite comes available you will be contacted, and a date will be arranged for you to tour the suite and property.

PERSONAL INFORMATION - APPLICANT

DATE OF APPLICATION: _____ PHONE # _____ EMAIL: _____

NAME: _____ DATE OF BIRTH: _____
DAY MONTH YEAR

CURRENT ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

MARITAL STATUS: SINGLE ___ MARRIED ___ WIDOWED ___ SEPARATED ___ DIVORCED ___

CITIZENSHIP STATUS: CANADIAN CITIZEN ___ PERMANENT RESIDENT ___ REFUGEE ___ OTHER ___

WHAT IS YOUR PRIMARY LANGUAGE? _____

PERSONAL INFORMATION - CO-APPLICANT

NAME: _____ DATE OF BIRTH: _____ (DD/MM/YY)

CURRENT ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

MARITAL STATUS: SINGLE ___ MARRIED ___ WIDOWED ___ SEPARATED ___ DIVORCED ___

CITIZENSHIP STATUS: CANADIAN CITIZEN ___ PERMANENT RESIDENT ___ REFUGEE ___ OTHER ___

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP _____

PHONE: _____ EMAIL: _____

DO YOU HAVE A SOCIAL WORKER OR OTHER COMMUNITY SUPPORT PERSON YES ___ NO ___

MAY WE CONTACT THIS PERSON? YES ___ NO ___

NAME _____ PHONE _____ EMAIL _____

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: _____ PHONE #: _____

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

NAME _____ PHONE#: _____

MONTHLY RENT: \$ _____ HEAT \$ _____ ELECTRICITY \$ _____ WATER AND SEWER \$ _____

TYPE OF ACCOMODATION: HOUSE _____ APARTMENT _____ ROOMING HOUSE: _____

HOTEL _____ SHELTER _____ OTHER _____

BEDROOMS IN CURRENT ACCOMODATION: _____

PERSONS SHARING ACCOMODATION: ADULT(S) _____ CHILDREN _____

PERSONS SHARING: BATHROOM _____ BEDROOM _____ KITCHEN _____

DO YOU CURRENTLY SUPPORT A DEPENDANT CHILD/ADULT? YES _____ NO _____

DO YOU HAVE DIFFICULTY MANAGING STAIRS? YES _____ NO _____

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUIRE ACCOMODATION FOR SPECIAL NEEDS?

YES _____ NO _____ IF YES PLEASE EXPLAIN: _____

ARE THERE ANY ISSUES WITHIN YOUR CURRENT ACCOMODATION THAT IS A SAFETY OR SECURITY RISK?

PLEASE EXPLAIN: _____

DO YOU CURRENTLY HAVE A PET? YES _____ NO _____ IF YES WHAT TYPE? _____

(PLEASE NOTE: REPTILES, DOGS AND CATS ARE NOT PERMITTED)

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" OR HAVE BEEN PROVIDED A "NON-RENEWAL OF LEASE"
PLEASE SUBMIT A COPY OF THE NOTICE AND STATE REASON:

HAVE YOU BEEN EVICTED FROM ANY RENTAL PREMISES IN THE PAST? YES _____ NO _____

IF YES PLEASE PROVIDE DETAILS: _____

HAVE YOU PREVIOUSLY LIVED IN SUBSIDIZED/SOCIAL HOUSING? YES _____ NO _____

IF YES PLEASE PROVIDE AGENCY NAME: _____

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, RIF OR ANNUITY INCOME		
OTHER (SPECIFY)		
TOTAL INCOME		

ASSETS

PLEASE LIST ALL INVESTMENTS/ASSETS

ASSET	VALUE
REAL ESTATE/PROPERTY	
CASH	
BANK DEPOSITS	
GIC'S OR TERM DEPOSITS	
BONDS AND SECURITIES	
MUTUAL FUNDS	
RRSP/RIF	
OTHER	

TARGET POPULATIONS

THE FOLLOWING INFORMATION IS OPTIONAL AND WILL BE USED TO DETERMINE WAITLIST PRIORITY

I IDENTIFY AS A MEMBER OF THE FOLLOWING MINORITY POPULATIONS:

INDIGENOUS _____ PEOPLE WITH DISABILITIES _____ RECENT IMMIGRANT OR REFUGEE _____

PEOPLE WHO IDENTIFY WITH DIVERSE CONCEPTS OF SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION _____

OTHER RACIALIZED GROUP _____

I AM CURRENTLY EXPERIENCING OR AT RISK OF THE FOLLOWING:

FLEEING DOMESTIC VIOLENCE _____ DEALING WITH MENTAL HEALTH AND/OR ADDICTIONS * _____

HOMELESSNESS OR TRANSITIONING OUT OF HOMELESSNES SUPPORTS* _____

**AND WORKING WITH APPROPRIATE SUPPORTS AND SERVICES TO SUPPORT STABLE HOUSING*

Please be advised that many of the demographic and identifying information above are protected grounds under the Alberta Human Rights Act and disclosing any of that information will not result in harassment, discrimination, or any other penalty towards your application. The personal information in this form is being collected by Bethany Care Society under section 33© of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, FOIP Coordinator, Bethany Care Society, 100 2915 26 Avenue S.E. , Calgary, Alberta T2B 2W6. Phone: (403) 210-4600

LOCATIONS

Please circle your top three choices

Foothills Manor
3118 34 Ave NW

Rose Manor
120 18 Ave NE

Bethany Village
240 Lincoln Way SW

Glenmore Manor
1111 68 Ave SW

Sharon Manor
255 17 Ave NE

Luther Place
8847 Fairmount Dr SE

First Assembly Manor
614 57 Ave SW

Menno Court
2808 25 St SW

Menno Gardens
2637 25 St SW

SUBMIT YOUR APPLICATION

1. Complete pages 2 to 6 of the application and the Self-Reported Medical Information Form
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 indicative of your income, include three months of your most recent bank statements.**

Submit application and proof of income documents to:

MAIL: Leasing office
2945 26 Ave SE
Calgary, Alberta
T2B 2N5

EMAIL: Info@Bethanyseniors.com
FAX: 403-770-5102

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

Please note, you will be contacted once 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 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 questions about the collection, contact the FOIP Coordinator, Bethany Care Society, 100 2915 26 Avenue S.E. Calgary, Alberta T2B 2W6. Phone: (403) 210-4600

