

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

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:

- \$880.00 – \$930.00 for studio suites
- \$1125.00 - \$1165.00 for one-bedroom suites
- \$1265.00 – 1315.00 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 \$57,500.00 for a studio suite, \$65,000.00 for a one-bedroom suite, and \$77,000.00 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: \$ _____

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:

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?

SUBMIT YOUR APPLICATION

1. Complete pages 3 to 7 of the application
2. Read and sign Consent on page 8
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
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

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:			