

***Vista* Housing for Seniors**
11622-119 Street
Edmonton, Alberta T5G2X7
Phone: 780-476-1470

APPLICATION FOR ACCOMMODATION

All of the information on the Application for Accommodation form is collected in order to determine eligibility for senior's subsidized housing with Vista Housing for Seniors and in accordance with the Freedom of Information & Protection of Privacy Act. All information collected is confidential.

Please review the following information, regarding the completion of this application.

- 1) Complete all questions and supply ALL of the required information.
- 2) You are required to provide a CURRENT Income Tax Notice of Assessment, pages 1 and 2 of your Income Tax Return as well as all your taxation slips to verify your income. If you do not have a copy of your return, you can get a copy sent to you through Service Canada by calling 1-800-622-6232. Should your source of income be from AISH or Social Assistance we require a copy of the latest medical service card complete with the breakdown statement. Please note that a copy of your bank statement **is not** sufficient as verification of income for our office.
- 3) Please include the attached Medical Form(s) completed by your family doctor. Please note that 1 form is required for the applicant and an additional form is required if you have a spouse or co-applicant.
- 4) Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our main office, free of charge, by appointment. The applicant and co-applicant (if applicable) are required to sign this form in four places.
- 5) **Incomplete applications will not be processed. It is the applicant's responsibility to ensure that all information is complete and that the application is signed by a Commissioner for Oaths prior to it being submitted.**
- 6) All applications will be considered to be active for a 1 year period. Letters will be sent to each applicant once their application is completed and their landlord references have been checked.
- 7) Applicants will be interviewed as part of the approval process.
- 8) Vista Housing for Seniors age of tenancy is 63 years of age and older for all applicants and a minimum of 60 years of age for all co-applicants. Applicants and co-applicants must be able to live independently in an apartment setting. They must also be within the core need income threshold established by the Provincial Government
- 9) If you have a sponsorship agreement, please note that you are not entitled to receive a rental subsidy from the Provincial Government and therefore if you are approved for housing you will be responsible to pay Market Rent.
- 10) If you are approved for tenancy with our office you will be required to sign a copy of our Crime Free Multi-Housing Lease Addendum as a condition of your tenancy.

Vista Housing for Seniors Properties

South East

Central Baptist Manor 9403 – 95 Avenue
 Millbourne Manor 2115 Millbourne Rd West
 Bethel Senior Citizens Residence 7728 – 82 Avenue

North East

Norwood Golden Manor 11715 – 95 Street
 Casa Romana 13439 – 97 Street
 St. Elia's Pysanka Manor 11906 – 66 Street
 Tower 1 12840 - 64 Street
 Viselka 11415 – 86 Street

North West

Alliance Villa 12620 – 109a Avenue
 Calder Place 12934 – 119 Street
 Chinese Alliance Manor 9312 – 149 Street
 Mary A. Finlay Manor 10209 – 134 Avenue
 Ortona Villa 10421 – 142 Street

Central Edmonton

Piazza Italia 9521 - 108A Avenue



Housing for Seniors

APPLICATION FOR ACCOMMODATION

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Applicant(s) Information

Applicant

Co- Applicant

(First applicant must be 63 years old)

(Co- Applicant must be minimum 60 years old)

1st Applicant Name: _____

Co-Applicant Name: _____

Date of Birth (mm / dd / yyyy) _____

Date of Birth (mm / dd / yyyy) _____

Phone #: _____ Cell #: _____

Phone #: _____ Cell #: _____

Email address: _____

Email address: _____

Mailing address: _____

Mailing address: _____

City: _____ Postal code: _____

City: _____ Postal code: _____

Insurance Company: _____

Insurance Company: _____

Policy No: _____

Policy No: _____

Date of Expiry: _____

Date of Expiry: _____

Canadian Citizen Yes No
Permanent Resident Yes No
Privately Sponsored Yes No

Canadian Citizen Yes No
Permanent Resident Yes No
Privately Sponsored Yes No

Other: _____

Other: _____

Language Spoken: _____

Language Spoken: _____

Interpreter Required Yes No

Interpreter Required Yes No

Other: _____

Other: _____

Have you ever lived with Vista Housing for Seniors or Norwood Seniors Housing? Yes No
If yes, what year? _____

Have you ever lived with Vista Housing for Seniors or Norwood Seniors Housing? Yes No
If yes, what year: _____

Vista Property Preference _____
 Bachelor 1 Bedroom
 2 Bedroom Wheelchair Accessible

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 Bachelor 1 Bedroom
 2 Bedroom Wheelchair Accessible

Do you require a parking spot for your personal vehicle? Yes No

Do you require a parking spot for your personal vehicle? Yes No

Do you have a pet? Yes No

Do you have a pet? Yes No

Are you a Smoker? Yes No

Are you a Smoker? Yes No

If you receive Home Care Services, AISH, Social Assistance, Community Mental Health Worker or services from other community based service agency, please list the name and telephone number of your worker or coordinator:

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Name: _____

Name: _____

Phone #: _____

Phone #: _____

Organization: _____

Organization: _____

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Organization: _____

Organization: _____

Applicant(s) Information Continued

Applicant

Co-Applicant

1st Applicant Financial Information

Please check your source(s) of income:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| AISH | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Old Age Security | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Canada Pension Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Federal Subsidy (G.I.S.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seniors Benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | | |

Assets

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Cash | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cashable Assets (GIC'S) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Investments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Primary Residence (Property owned) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Property | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RV/Motor Home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | | |

Current Accommodations

- Home Owner
 Renter (Please include 2 landlord references)
How long have you lived here? _____
Monthly Payment \$_____ Utilities _____
Other _____
Rooms in your present accommodation:
 Kitchen Living Room Dining Area
Number of bathrooms: _____
Number of bedrooms: _____
Do you share any part of the accommodation with person(s) other than those listed on this application? Yes No
If yes, how many other adults? _____
Number of children: _____

Landlord References (Please give 2)

Landlord Name: _____
Phone No: _____

Landlord Name: _____
Phone No: _____

Reasons for wanting to move: _____

Other information I wish to provide: _____

Please tell us how you heard about Vista Housing for Seniors: _____

Your personal information is being collected under authority of the Alberta Housing Act and regulations, and will be used to determine eligibility for housing. All information will be protected under the Freedom of Information & Protection of Privacy (FOIP) Act.

Co- Applicant Financial Information

Please check your source(s) of income:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| AISH | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Old Age Security | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Canada Pension Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Seniors Benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | | |

Assets

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Cash | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cashable Assets (GIC'S) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Investments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Primary Residence (Property owned) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Property | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RV/Motor Home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | | |

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Acknowledgement and Release

By naming the individuals in Rental History, any Community Care Assistance and the Confidential Medical Report, applicant consents to the release of information between Vista Housing for Seniors staff and these individuals regarding the applicant's health, safety, well-being and / or ability to live independently in an apartment setting

I / We understand that this is just an application and that it is not an agreement for lease on the part of Vista Housing for Seniors, or its agents, to provide me / us with rental accommodation.

I / We further acknowledge the right of Vista Housing for Seniors, or its agents, at any time prior to the execution and delivery to me / us of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I / We authorize Vista Housing for Seniors, or its agents to investigate any or all of the statements made by me / us in this application, being fully aware that discovery of any false statements shall cancel any further consideration of my / our application.

I / We further agree that I / we am / are obligated to advise Vista Housing for Seniors, 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 understand that the attached medical form, the affidavit and the release must be completed and received by Vista Housing for Seniors.

X _____
Printed Name of Applicant

X _____
Signature of Applicant

X _____
Printed Name of Co-Applicant

X _____
Signature of Co-Applicant

This Section is only to be completed in the presence of a Commissioner of Oaths
(Please do not complete it on your own ahead of time)

STATUTORY DECLARATION

CANADA) In the Matter of the Application for Dwelling
PROVINCE OF ALBERTA) Accommodation made by _____
TO WIT) to Vista Housing for Seniors

I / We, _____, of the _____ of _____, in the Province of _____, do solemnly declare as follows:

1. That I / we am / are the applicant(s) named in this application;
2. That the statements made by me / us in this application are to the best of my / our knowledge, information and belief, full and true in all respects;
3. That I / we have resided in the Province of _____ for _____ years of my / our life and in the area for _____ years.

And I / we make this Solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me at the City of Edmonton, in the Province of Alberta this _____ day of _____, 20____.

X _____
Signature of Applicant

X _____
Signature of Co-Applicant

X _____
Signature - Commissioner for Oaths

X _____
Printed name of Commissioner for Oaths

Appointment expires on: _____

CONFIDENTIAL MEDICAL REPORT

All of the information on this Medical Form is collected in order to determine eligibility for seniors' subsidized housing with Vista Housing for Seniors in accordance with the Freedom of Information & Protection of Privacy Act. **Please note: Co-Applicants must fill out a medical report as well.**

Name of Applicant: _____ Date of Birth: _____

I, _____ hereby authorize my physician to release the medical information on this form to Vista Housing for Seniors. **X** _____

Signature of Applicant

PHYSICAL EXAMINATION

Mobility: Walks without help _____ Walks with help _____ Uses wheelchair _____

Is there a communication difficulty? Yes No

If yes, please explain _____

ACTIVITIES OF DAILY LIFE

Are there any concerns with incontinence? Yes No

Is the applicant able to prepare his/her own meals? Yes No

Is the applicant able to do his/her own housekeeping as required? Yes No

Can the applicant manage his/her own personal hygiene? Yes No

INDEPENDENCE FACTORS

Does the applicant have any mental health issues? Yes No

Does the applicant show any signs of dementia? Yes No

Does the applicant have a history of alcohol or substance abuse? Yes No

Has the applicant been diagnosed with any deteriorating physical or mental health medical condition(s) that may impair his/her ability to manage independently at present or in the near future?

Yes No

If Yes, please explain and provide a list of any family or community supports that are available to the applicant in order to maintain their ability to live independently in an apartment setting.

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in an apartment building where no special care, nursing care, or special diets are available?

Yes No

If No, please explain what supports are required by the applicant and if these supports are already in place for the applicant. If the supports are not in place, are you able to make a referral for the applicant?

Name of Examining Physician (Please Print) _____

Physician's Signature: _____

Date: _____

Telephone Number: _____

How long has applicant been your patient? _____

Any charge for the completion of this form is the responsibility of the applicant.

This Medical Report is valid for one year only.

Please Place Dr.'s Stamp Here