



GREATER NORTH FOUNDATION
"Affordable Senior & Community Housing"

APPLICATION FOR ACCOMODATION – SENIOR CITIZENS
(CONFIDENTIAL)

PLEASE READ CAREFULLY:

I understand that this is just an application and that it is not an agreement on the part of \_\_\_\_\_, or its agents, to provide me with rental accommodation.

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

I authorize \_\_\_\_\_, 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 statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise \_\_\_\_\_, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\*\*\*\*\* || \*\*\*\*\*

DOMINION OF CANADA )
PROVINCE OF ALBERTA )

IN THE MATTER OF THIS APPLICATION FOR DWELLING
ACCOMODATION IN THE HOUSING PROJECT

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, in the Province of Alberta, do solemnly declare as follows;

- 1. That I am the applicant named in this application;
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I have resided in the Province of Alberta for \_\_\_\_\_ years of my life and in the District for \_\_\_\_\_ years;

And I 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 \_\_\_\_\_ of \_\_\_\_\_ )
In the Province of Alberta, )
This \_\_\_\_\_ of \_\_\_\_\_, 2\_\_\_\_\_ )

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of Alberta

\_\_\_\_\_  
Printed Name of Commissioner for Oaths

My Appointment expires on \_\_\_\_\_  
Day/Month/Year

**PLEASE PRINT:**

NOTE: PLEASE ANSWER **ALL** QUESTIONS

1. Applicants Name: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_ Social Insurance No#: \_\_\_\_\_

Personal Health Care No#: \_\_\_\_\_

2. Co-Applicant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_ Social Insurance No#: \_\_\_\_\_

Personal Health Care No#: \_\_\_\_\_

3. Are you a;  Canadian Citizen  Landed Immigrant  Other \_\_\_\_\_ (please list)

4. Present Address; \_\_\_\_\_  
(P.O. Box / Apartment / Street)  
\_\_\_\_\_  
(City / Town / Village) (Postal Code) Home Telephone; ( ) \_\_\_\_\_

5. If you are on social assistance, please state the name and office of your social Worker;

Name: \_\_\_\_\_ Address: \_\_\_\_\_

6. **MONTHLY INCOME** – All Incomes must be verified upon acceptance as a tenant.

	<u>Applicant</u> \$	<u>Co-applicant</u> \$
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Assured Income Supplement	_____	_____
Spouses Allowance	_____	_____
Canada Pension Plan	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income; (Please Specify) _____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL:</b>	<b>=====</b>	<b>=====</b>

NOTE: PLEASE ANSWER ALL QUESTIONS

**ASSETS:** Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, registered retirement savings plan, etc.

<u>INVESTMENTS / ASSETS:</u>	<u>INTEREST / INCOME</u>			
_____ \$ _____ Yearly \$ _____	Monthly \$ _____			
_____ \$ _____ Yearly \$ _____	Monthly \$ _____			
_____ \$ _____ Yearly \$ _____	Monthly \$ _____			
<table border="1"><tr><td>TOTAL \$ _____</td><td>TOTAL \$ _____</td><td>TOTAL \$ _____</td></tr></table>		TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____		

7. If you or your co-applicant has employment incomes (s) please state the name (s) and address (es) of the employer (s).

Name of Your Employer: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Co-applicants Employer: : \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

8. Do you own or rent your present accommodations:  OWN  RENT

Present Rent or house payment is \$ \_\_\_\_\_ per month,  
\$ \_\_\_\_\_ for heat,  
\$ \_\_\_\_\_ for light,  
\$ \_\_\_\_\_ for water and sewer

9. If renting, name of your present Landlord : \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

10. Is your present accommodations a;  House  Apartment  Elevator -  Yes  No  
 Rooming House  Motel  Other \_\_\_\_\_

11. Rooms in your present accommodation;  Kitchen  Living room  Dining room  Bathroom  
 Bedrooms (1)  Bedrooms (2)  Bedrooms (3+)

12. Number of person (s) sharing your accommodations:  Adults  Children

13. Does any member of your household require accommodations adapted for special needs (i.e. wheelchair accessibility, etc?)

\_\_\_\_\_  
Family Doctor's Name: \_\_\_\_\_ Telephone No.# \_\_\_\_\_

Address: \_\_\_\_\_

