Grace Bankview House Senior Citizens Residence Society



Grace Lutheran Manor

3600 Sarcee Road SW Calgary, Alberta T3E 6X5 Office: 403 -242 -3055 Office hours: Tues. 9:00 am - 12:00 pm, Thurs. 9:00 am - 12:00 pm,

Fri. 9:00 am – 12:00 pm

Bankview House

1826- 16A St. SW Calgary, Alberta T2T 4J7 Office: 403 -244 -6050 Office hours: Mon. 9:00 am - 2:00pm, Wed. 9:00 am - 12:00 pm,

NOTICE TO APPLICANT

Once your application has been received and reviewed by Management, you will be called with an interview time and date.

Before a lease agreement can be signed, the following steps must be taken:

- 1. A Copy of last years' income tax including T4's & T5's and the remaining receipts sent to Revenue Canada. Your Notice of Assessment from Revenue Canada is required to calculate rental rate.
- 2. We recommend upon acceptance into our buildings that you have a Tenant's Insurance Package, which includes liability.
- 3. Applicant must be on hand to sign the lease and ready to occupy the suite.
- 4. Keys will not be issued and nothing can be moved into a suite until the lease is signed.
- 5. Appointments for lease signing can be scheduled at Bankview House Mon. and Wed. between the hours of 9:00 am and 12:00 pm and at Grace Lutheran Manor Tues, Thurs. and Friday between the hours of 9:00 am and 12:00 pm.
- 6. You are required to have a personal will and supply us with information concerning the executor.
- 7. Move-ins can be scheduled weekdays between the hours of 8:00 am and 3:00 pm and must be scheduled with Management.

OUR BUILDINGS ARE NON-SMOKING

A Doctor's Certificate may be required

GRACE-BANKVIEW HOUSE SENIOR CITIZENS RESIDENCE SOCIETY

MEDICAL INFORMATION

Name of	of Applicant:
	ng has the applicant been your patient?
	most recent medical appointment:
	ne Applicant:
1.	Show any signs of dementia? Yes \(\subseteq \text{No} \subseteq \)
	Explanations:
2.	Have any history of alcohol or substance abuse? Yes No Explanations:
3.	Have any diagnosis which indicates a deteriorating physical or mental health condition that may impair his/her ability to manage independently at present or in the near future? Yes No Explanations:
4.	Have a history of any violent or aggressive behavior? Yes No Explanations:
is provide Mentall Physical Socially	y: Yes No
senior o	detail any medical information you feel would be important to your patient's application for citizen's housing. (We do not provide meal or housekeeping services.) Please also list any medical concerns the manager should be aware of:
	re of Physician:
Addres:	s: Postal Code
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APPLICATION FOR ACCOMMODATION--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 <u>Grace</u> <u>Lutheran Manor</u> or its agents, to provide me with rental accommodation.

I further acknowledge the right of <u>Grace Lutheran Manor</u>, or its agents, at any time prior to the execution and delivery to me a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize <u>Grace Lutheran Manor</u>, 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 <u>Grace Lutheran Manor</u>, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or changes of address, should they occur.

Signature of Witness		Signature of Ap	pplicant
DOMINION OF CANADA) PROVINCE OF ALBERTA)	IN THE MATTER DWELLING AC HOUSING PR	COMMODATION IN	ATION FOR I THE
l,	, of the		of
That I am the applicant in thi	, in the Province is application:	of Alberta, do soler	nnly declare as follows:
That the statements made b information and belief, full and t		ion are to the best o	f my knowledge,
That I have resided in the Pr foryears:	ovince of Alberta for	ryears of	my life and in the district
And I make this solemn Declara the same force and effect as if I			
Declared before me at theofin the Province of Alberta,)		
at theof)		
in the Province of Alberta, thisday of	, 202)		
,			
		Signature of Ap	pplicant
A Commissioner for Oaths in a			
Printed Name of Commissi		Appointment expires	
Finited Name of Commissi	onei ioi Oatris		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 question about the collection, contact: Grace-Bankview House Senior Citizens Residence Society, 3600 Sarcee Rd. S.W. Phone: (403) 242-3055

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(PLEASE PRINT) NOTE: PLEASE ANSWER <u>ALL QUESTIONS</u>.

1. APPLICANT'S NAME:			
DATE OF BIRTH:	(Last Name) SOCIA	L INSURANCE NO:	First Name)
ALBERTA HEALTH CARE NO:			
2. CO-APPLICANT'S NAME:			
DATE OF BIRTH:	(Last Name) SOCIAL	(F INSURANCE NO:	First Name)
ALBERTA HEALTH CARE NO:			
3. CITIZENSHIP STATUS: CANAI CONVENTION REFUGEE			NT
4. PRESENT ADDRESS : P.O. Box	x/Apartment No./Street _		
(City/Town/Village)	(Postal Code)	Phone Nur	mber:
ALTERNATE CONTACT PERSON	:(N	ame)	(Telephone No.)
	STANCE, PLEASE STAT	E THE NAME AND AD	
WORKER			
WORKER (Name:(Address:			
WORKER (Name:(Address:			CE AS A TENANT.
WORKER (Name: (Address:		ED UPON ACCEPTAN	CE AS A TENANT.
WORKER (Name: (Address: 6. MONTHLY INCOME ALL INCO	DMES MUST BE VERIFI	ED UPON ACCEPTAN	CE AS A TENANT. Co-Applicant
WORKER (Name: (Address: 6. MONTHLY INCOMEALL INCO Old Age Security and Guaranteed In	DMES MUST BE VERIFI	ED UPON ACCEPTAN	CE AS A TENANT. Co-Applicant
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WORKER (Name: (Address: 6. MONTHLY INCOMEALL INCO Old Age Security and Guaranteed In Alberta Seniors Benefit Spouse Allowance	DMES MUST BE VERIFI	ED UPON ACCEPTANG Applicant \$	CE AS A TENANT. Co-Applicant \$
WORKER (Name: (Address: 6. MONTHLY INCOMEALL INCO Old Age Security and Guaranteed In Alberta Seniors Benefit Spouse Allowance Canada Pension Plan	DMES MUST BE VERIFI	ED UPON ACCEPTANG Applicant \$	CE AS A TENANT. Co-Applicant \$
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WORKER (Name:	DMES MUST BE VERIFI	ED UPON ACCEPTANG Applicant \$	CE AS A TENANT. Co-Applicant \$
	DMES MUST BE VERIFI	ED UPON ACCEPTANG Applicant \$	CE AS A TENANT. Co-Applicant \$

ASSETS: Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, etc. INVESTMENTS / ASSETS INTEREST / INCOME ______\$____Yearly \$_____ Monthly \$_____ ______\$____Yearly \$_____ Monthly \$_____ \$ Yearly \$ Monthly \$ TOTAL \$ TOTAL \$ TOTAL \$ 7. IF YOU OR YOUR CO-APPLICANT HAVE EMPLOYMENT INCOME(S), PLEASE STATE THE NAMES AND ADDRESS (ES) OF THE EMPLOYER(S). NAME OF YOUR EMPLOYER:_____ ADDRESS:______TELEPHONE NO.:_____ NAME OF YOUR CO-APPLICANT'S EMPLOYER: ADDRESS:______TELEPHONE NO.:_____ 8. DO YOU OWN OR RENT YOUR PRESENT ACCOMMODATION: OWN ____RENT PRESENT RENT OR HOUSE PAYMENT IS \$_____PER MONTH,
PLUS \$____FOR HEAT AND \$____FOR LIGHT, WATER AND SEWER. 9. IF RENTING, NAME OF YOUR PRESENT LANDLORD: ADDRESS:_____TELEPHONE NO.:____ 10. IS YOUR PRESENT ACCOMMODATION A: APARTMENT----ELEVATOR YES ☐ NO ☐ ____ ROOMING HOUSE _____MOTEL/HOTEL _____ OTHER_____ 11. ROOMS IN YOUR PRESENT ACCOMMODATION: {___} KITCHEN _ {____} LIVING ROOM _ {____} DINING ROOM ____BATHROOM NUMBER OF BEDROOMS 12. NUMBER OF PERSON(S) SHARING YOUR PRESENT ACCOMMODATION: ____ADULTS ____CHILDREN 13. DOES ANY MEMBER OF YOUR HOUSEHOLD REQUIRE ACCOMMODATION ADAPTED FOR A SPECIAL NEED (i.e., WHEELCHAIR ACCESSIBILITY, ETC.)_____ FAMILY DOCTOR'S NAME: ADDRESS: TELEPHONE NO.: 14. DO YOU SHARE WITH OTHER OCCUPANTS THE USE OF THE KITCHEN, BATHROOM, OR BEDROON? YES□ NO□ IF YES, NUMBER OF PERSON(S) SHARING KITCHEN NUMBER OF PERSON(S) SHARING BATHROOM______ NUMBER OF PERSON(S) SHARING BEDROOM_____

15. ARE YOUR SHOWER AND/OR BATHTUB, TOILET AND WASHBASIN ALL LOCATED IN YOUR BATHROOM?
YES NO IF NO, PLEASE GIVE DETAILS:
16. ARE YOUR STOVE, REFRIGERATOR, CUPBOARDS, COUNTER SPACE AND SINK, ALL LOCATED IN YOUR KITCHEN?
YES NO IF NO, PLEASE GIVE DETAILS:
17. DO YOU HAVE A PET? YES NO
IF YES, WHAT KIND(S) AND HOW MANY OF EACH?
18. REASONS FOR WANTING TO MOVE:
19. HAVE YOU APPLIED FOR SENIORS SUBSIDIZED ACCOMODATION WITH ANY OTHER PROVINCIAL HOUSING SOCIETY YES NO
20. IF YOU HAVE BEEN GIVEN A " NOTICE TO VACATE ", PLEASE SUBMIT A COPY OF THE NOTICE AND STATE THE REASON FOR THE EVICTION:
21. REFERENCES: PLEASE PROVIDE THREE REFERENCES WITH THEIR CONTACT INFORMATION.
1. LANDLORD NAME: PHONE NUMBER ADDRESS
2. FRIEND NAME:
FAMILY MEMBER NAME:PHONE NUMBER:ADDRESS_

3.

FOR APPLICANT'S USE: OTHER RELATED INFORMATION YOU WISH TO PROVIDE. (PLEASE PROVIDE NAME AND ADDRESS OF NEXT OF KIN).						

INTRODUCING:

Grace Lutheran Manor

IS A SENIOR CITIZEN APARTMENT COMPLEX WHICH INCLUDES 65 ONE BEDROOM APARTMENTS. ALL UNITS COME EQUIPPED WITH BLINDS, STOVE AND FRIDGE.

THE BUILDING ALSO FEATURES:

* ELEVATORS

* SPACIOUS GROUNDS

* CLOSE TO BUS STOPS

- * CLOSE TO SHOPPING
- * LARGE SUNROOM / COMMON AREA
- * SECURITY

ELIGIBILITY REQUIREMENTS:

- 1. SENIORS 65 AND OVER MAY APPLY (PEOPLE 60 TO 65 CAN/WILL BE CONSIDERED UNDER SPECIAL CIRCUMSTANCES).
- 2. APPLICANTS MUST BE **FUNCTIONALLY INDEPENDANT** AND ABLE TO NAVIGATE DAILY LIFE.
- 3. APPLICANT MUST BE A CANADIAN CITIZEN, LANDED IMMIGRANT, PERMANENT RESIDENT OR CONVENTION REFUGEE.

TENANTS ARE SELECTED ON A PRIORITY BASIS. PRIORITY IS DETERMINED BY AN EVALUATION OF NEED. THE NEED OF AN APPLICANT IS BASED ON THE FOLLOWING CRITERIA: AMOUNT OF MONTHLY INCOME AND CONDITIONS OF PRESENT ACCOMMODATION. ALL APPLICANTS WILL BE EVALUATED ACCORDING TO THE ALBERTA HOUSING ACT LEGISLATED POINT SCORING SYSTEM.

THIS PROJECT IS OWNED BY THE PROVINCE OF ALBERTA AND IS MANAGED BY GRACE-BANKVIEW HOUSE SENIOR CITIZENS RESIDENCE SOCIETY.

RENTAL RATES:

THIS PROJECT IS A RENT GEARED TO INCOME PROJECT. TENANTS ARE CHARGED 30% OF THEIR ACTUAL MONTHLY INCOME FOR RENT. RENTAL RATES INCLUDE: CARPET, BLINDS, FRIDGE, STOVE, HEAT, WATER & SEWER, LAUNDRY, TAXES AND GARBAGE REMOVAL. ELECTRICITY, TELEPHONE, INTERNET AND CABLE T.V. ARE NOT INCLUDED IN THE RENTAL RATE.

WE PROVIDE LEASES ON A ONE YEAR TERM. ELECTRICITY IS A FLAT RATE OF \$50.00 PER MONTH WHICH IS ADDED TO YOUR MONTHLY RENTAL PAYMENT AND IF YOU OWN A VEHICLE, PARKING CAN BE PROVIDED AT \$25.00 PER MONTH WHICH IS ALSO ADDED TO YOUR MONTHLY RENTAL PAYMENT.

SOCIAL CLUB

TENANTS CAN HAVE SOCIAL CLUBS THAT HOST COORDINATED ACTIVITIES AND EVENTS FOR TENANTS.

HOW TO APPLY

SENIOR CITIZENS INTERESTED IN OBTAINING ACCOMMODATION IN THIS PROJECT OR FURTHER INFORMATION MAY CONTACT THE OFFICE AT <u>242-3055</u>, <u>TUESDAY</u>, <u>THURSDAY OR FRIDAY 9:00 AM – 12:00 PM</u>.

SEND INQUIRY TO:

GRACE LUTHERAN MANOR 3600 SARCEE ROAD S.W. CALGARY, ALBERTA T3E 6X5

EMAIL APPLICATIONS TO: grace-bankviewhouse@shaw.ca

OR

FAX APPLICATION TO: 403-206-7778

*PLEASE NOTE: ALL INCOME MUST BE VERIFIED UPON ACCEPTANCE AS A TENANT. TENANTS ARE REQUIRED TO HAVE A PERSONAL WILL IN PLACE AND PROVIDE US WITH THE EXECUTOR'S CONTACT INFORMATION.