

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

3600 Sarcee Road SW ♦ Calgary, Alberta T3E 6X5

PHONE: 403-242-3055 ♦ **FAX:** 403-206-7778

MEDICAL INFORMATION

Name of Applicant: _____

How long has the applicant been your patient? _____

Date of most recent medical appointment: _____

Does the Applicant:

1. Show any signs of dementia? Yes No

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: _____

Do you consider the applicant to be suitable to live in a senior's apartment where no special care is provided?

Mentally: Yes No

Physically: Yes No

Socially: Yes No

Explanation: _____

Please detail any medical information you feel would be important to your patient's application for senior citizen's housing. (We do not provide meal or housekeeping services.) Please also list any serious medical concerns the manager should be aware of:

Signature of Physician: _____

Date: _____

Phone: _____

Address: _____ Postal Code _____

**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 Bankview House or its agents, to provide me with rental accommodation.

I further acknowledge the right of Bankview House, 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 Bankview House, 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 Bankview House, 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 Applicant
DOMINION OF CANADA) PROVINCE OF ALBERTA)	IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.

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

1. That I am the applicant 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 _____ day of _____, 202____)

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta	My Appointment expires on _____
_____ Printed Name of Commissioner for Oaths	_____ 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

(PLEASE PRINT)

NOTE: PLEASE ANSWER ALL QUESTIONS.

1. APPLICANT'S NAME: _____

(Last Name) (First Name)

DATE OF BIRTH: _____ SOCIAL INSURANCE NO: _____

ALBERTA HEALTH CARE NO: _____

2. CO-APPLICANT'S NAME: _____

(Last Name) (First Name)

DATE OF BIRTH: _____ SOCIAL INSURANCE NO: _____

ALBERTA HEALTH CARE NO: _____

3. CITIZENSHIP STATUS: CANADIAN CITIZEN _____ LANDED IMMIGRANT _____

CONVENTION REFUGEE _____ OR _____.

4. PRESENT ADDRESS : P.O. Box/Apartment No./Street _____

(City/Town/Village) _____ (Postal Code) _____ Phone Number: _____

ALTERNATE CONTACT PERSON: _____

(Name) (Telephone No.)

5. IF YOU ARE ON SOCIAL ASSISTANCE, PLEASE STATE THE NAME AND ADDRESS OF YOUR SOCIAL WORKER

(Name: _____)

(Address: _____)

6. MONTHLY INCOME--**ALL INCOMES MUST BE VERIFIED UPON ACCEPTANCE AS A TENANT.**

	Applicant	Co-Applicant
	\$	\$
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income: Specify _____	_____	_____
_____	_____	_____

TOTAL: _____

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 BEDROOM? 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: _____
PHONE NUMBER: _____
ADDRESS _____

3. FAMILY MEMBER NAME: _____
PHONE NUMBER: _____
ADDRESS _____

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

**INTRODUCING:
BANKVIEW HOUSE**

IS A SENIOR CITIZEN APARTMENT COMPLEX WHICH INCLUDES 55 ONE BEDROOM APARTMENTS. ALL UNITS COME EQUIPPED WITH BLINDS, STOVE AND FRIDGE.

THE BUILDING ALSO FEATURES:

- * ELEVATORS
- * CLOSE TO BUS STOPS
- * LARGE SUNROOM / COMMON AREA
- * SPACIOUS GROUNDS
- * CLOSE TO SHOPPING
- * 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 **403-244-6050, MONDAY OR WEDNESDAY 9:00 AM – 12:00 PM.**

SEND INQUIRY TO:

**BANKVIEW HOUSE
1823 – 16A STR. SW
CALGARY, ALBERTA T2T 4J7**

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.**