

Grace Bankview House Senior Citizens Residence Society

Grace Lutheran Manor

3600 Sarcee Road SW
Calgary, Alberta T3X 6X5
Office: 403 -242 -3055
Manager: Kendal Young

Bankview House

1826- 16A St. SW
Calgary, Alberta T2T 4J7
Office: 403 -244 -6050
Manager: Kendal Young

NOTICE TO APPLICANT

Before we can place your name on the waiting list, we require a completed application and a personal interview. After completing the application, please phone the office (403-242-3055) or (403-244-6050) for an interview appointment.

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. We also would like your assessment from Revenue Canada to calculate rental rate.
2. We require verification 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 and insurance verified.
5. Appointments for signing the lease or making a move-in inspection will only be made for a regular working day and scheduled office hours. No appointment will be made on a Holiday or weekend.
6. You are required to have a personal will and supply us with information concerning the executor.
7. Move-ins are only on scheduled working hours. Small boxes can be moved earlier. Move-ins must be scheduled with the Manager.

WE ARE A NON-SMOKING FACILITY

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 _____

Explantions: _____

2. Have any history of alcohol or substance abuse? Yes _____ No _____

Explantions: _____

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____

Explantions: _____

4. Have a history of any violent or aggressive behavior? Yes _____ No _____

Explantions: _____

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: _____

Please Print

Phone: _____

Address: _____ Postal Code _____

Please Print

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 _____, 200__)

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

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:_____

IF YOU HAVE BEEN GIVEN A "NOTICE TO VACATE", PLEASE SUBMIT A COPY OF THE NOTICE AND STATE THE REASON FOR EVICTION:_____

19. 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 WALL-TO-WALL CARPETING, BLINDS, STOVE AND FRIDGE.

THE BUILDING ALSO FEATURES:

- *ELEVATOR
- *2 WHEELCHAIR UNITS
- *LARGE SUNROOM / COMMON AREA
- *SPACIOUS GROUNDS
- *CLOSE TO BUS STOP
- *CLOSE TO SHOPPING

ELIGIBILITY REQUIREMENTS:

1. PREFERENCE GIVEN TO SENIORS 65 AND OVER(PEOPLE 60 TO 65 CAN APPLY)
2. COUPLES: MINIMUM AGE FOR ONE SPOUSE IS 60 YEARS
3. SINGLE PERSON: MINIMUM AGE IS 60 YEARS.
4. APPLICANTS MUST BE **FUNCTIONALLY INDEPENDENT**, WHICH INCLUDES THE AID OF COMMUNITY SUPPORT SERVICES.
5. APPLICANT MUST BE CANADIAN CITIZEN OR LANDED IMMIGRANT.

UNDER NO CIRCUMSTANCES WILL A PERSON'S RACE, RELIGION, COLOUR, SEX, ANCESTRY OR PLACE OF ORIGIN BE CONSIDERATION FOR ELIGIBILITY.

TENANTS ARE SELECTED ON A PRIORITY BASIS. PRIORITY IS DETERMINED BY THE EVALUATION OF THE NEED OF AN APPLICANT FOR SUBSIDIZED SENIOR HOUSING. CRITERIA OF NEED INCLUDES INCOME, PROPORTION OF PRESENT INCOME TO RENTAL RATE IN PRESENT ACCOMMODATION 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 ALBERTA SENIORS AND IS MANAGED BY GRACE – BANKVIEW HOUSE SENIOR CITIZENS RESIDENCE SOCIETY, A NON PROFIT, VOLUNTEER GROUP.

RENTAL RATES:

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

THE LEASE AGREEMENT IS ON A MONTH-TO-MONTH BASIS. ELECTRICITY IS A FLAT RATE OF \$50.00 PER MONTH AND PARKING IS \$17.00 PER MONTH, IF YOU HAVE A VEHICLE.

SOCIAL CLUB

THE TENANTS HAVE ORGANIZED A SOCIAL CLUB WITH MEMBERSHIP FEES. THE SOCIAL CLUB ORGANIZES AND COORDINATES ACTIVITIES FOR TENANTS. ACTIVITIES INCLUDE: BINGO, SHUFFLE BOARD, FILMS, POT LUCK DINNERS, PARTIES, GAMES, CRAFTS, TOURS, ETC. EACH TENANT IS ENCOURAGED TO JOIN THE SOCIAL CLUB AND BE AN ACTIVE PART OF THE SOCIAL LIFE AT BANKVIEW HOUSE.

HOW TO APPLY

SENIOR CITIZENS INTERESTED IN OBTAINING ACCOMMODATION IN THIS PROJECT OR FURTHER INFORMATION MAY CONTACT **242-3055**.
SEND INQUIRY TO:

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

***PLEASE NOTE: ALL INCOME MUST BE VERIFIED UPON ACCEPTANCE AS A TENANT. ALL TENANTS ARE REQUIRED TO HAVE TENANT'S PACKAGE INSURANCE POLICY IN EFFECT UPON SIGNING A LEASE AGREEMENT. A COPY OF THE POLICY SHOWING EXPIRY DATE AND AMOUNT OF LIABILITY COVERAGE WILL BE KEPT IN YOUR FILE AND MUST BE KEPT IN EFFECT AS LONG AS YOU REMAIN A TENANT OF THIS PROJECT. TENANTS ARE REQUIRED TO HAVE A VALID WILL AND GIVE US INFORMATION ABOUT THE EXECUTOR OF THE WILL.**