

# 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 Grace Lutheran Manor or its agents, to provide me with rental accommodation.

I further acknowledge the right of Grace Lutheran Manor, 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 Grace Lutheran Manor, 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 Grace Lutheran Manor, 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

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: **Kendal Young, Grace-Bankview House Senior Citizens Residence Society, 3600 Sarcee Rd. S.W. Phone: (403) 242-3055**

Revised OCT 24/2013

**(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. ARE YOU A: \_\_\_\_\_ CANADIAN CITIZEN  
\_\_\_\_\_ LANDED IMMIGRANT  
OR \_\_\_\_\_

4. PRESENT ADDRESS \_\_\_\_\_  
P.O. Box/Apartment No./Street

\_\_\_\_\_ HOME TELEPHONE NO: \_\_\_\_\_  
(City/Town/Village) (Postal Code)

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 \$ _____
<b>TOTAL \$ _____</b>	<b>TOTAL \$ _____</b>	<b>TOTAL \$ _____</b>

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).

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**INTRODUCING:**

**Grace Lutheran Manor**

IS A SENIOR CITIZEN APARTMENT COMPLEX WHICH INCLUDES 65 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 GRACE LUTHERAN MANOR.

### **HOW TO APPLY**

SENIOR CITIZENS INTERESTED IN OBTAINING ACCOMMODATION IN THIS PROJECT OR FURTHER INFORMATION MAY CONTACT AT **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.**