

# 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 \_\_\_\_\_





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 \_\_\_\_\_



### **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 **242-3055, TUESDAY, THURSDAY OR FRIDAY 9:00 AM – 12:00 PM.**

SEND INQUIRY TO:

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

EMAIL APPLICATIONS TO: [grace-bankviewhouse@shaw.ca](mailto: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.**