

GRACE-BANKVIEW HOUSE SENIOR CITIZENS RESIDENCE SOCIETY
APPLICATION FOR ACCOMMODATION - SENIOR CITIZENS
(Confidential)

PART A

PLEASE READ CAREFULLY

By completing and submitting this application, you understand and agree with the following items checked:

- ☐ I understand that this is an application ONLY and that it is not an agreement on the part of Grace Bankview House Senior Citizens Residence Society or its agents, to provide me with rental accommodation.
- ☐ I further acknowledge the right of Grace Bankview House Senior Citizens Residence Society, 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 Bankview House Senior Citizens Residence Society, 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 Bankview House Senior Citizens Residence Society, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or changes of address, should they occur.
- ☐ I agree that I will be the sole tenant in the apartment being applied for. If I will be co-habiting with another person, I understand that they must meet all requirements for accommodation and complete a separate application.

Note: The personal information on this form is being collected for apartment leasing, under the authority of the Alberta Housing Act, Social Housing Accommodation Regulations and will be used to determine eligibility of Social Housing. It is protected by the Privacy Provisions of the Freedom of Information and Protection of Privacy Act (FOIP), If you have any questions about the collection, contact Grace-Bankview House Senior Citizens Residence Society, 3600 Sarcee Road S.W. Phone (403) 272-3055.

Instructions: Please answer all questions. All items with an asterisk * must be filled in before you can proceed to the next item

Application For Housing At (select one): ☐ Grace Lutheran Manor ☐ Bankview House

- 1. Applicant Name*: _____
(Last Name) (First Name)
 - 2. Applicant Date of Birth*: _____
(Year/Month/Day)
 - 3. Co-Applicant Name: _____
(Last Name) (First Name)
 - 4. Alternate Contact Name*: _____
(Last Name) (First Name)
- Phone Number*: _____ Alternate Phone Number: _____

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5. I am a Please check one)*:

- ☐ Canadian Citizen
- ☐ Landed Immigrant
- ☐ Convention Refugee
- ☐ Other - Specify: _____

6. Applicant Current Address*: _____
(P.O. Box/Apartment No.) (Street Address)

(City/Town/Village) (Postal Code)

7. Applicant Telephone Number*: _____ Alternate Phone Number: _____

8. Do you rent or own your current accommodation?* ☐ Rent ☐ Own

If you rent, please provide the following:

Landlord’s Name: _____
(Last Name) (First Name)

Landlord’s Telephone Number: _____

Landlord’s Address: _____

9. Which of the following describes your current accommodation:*

- ☐ House
- ☐ Apartment
- ☐ Mobile Home
- ☐ Rooming House
- ☐ Hotel/Motel
- ☐ Other – Specify: _____

10. Number of people sharing your current accommodation:

Number of adults: _____ Number of children: _____

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11. Do you require accommodation adapted for special needs?* (Example: wheelchair accessibility)

☐ Yes ☐ No If **Yes**, please describe: _____

12. Do you have a certified service animal?* ☐ Yes ☐ No If **Yes**, describe: _____

13. Please provide your current monthly accommodation expenses:*

Type of Expense	Amount
Rent or Mortgage payment	\$
Utilities (electricity, water, gas, sewer)	\$
TOTAL	\$

14. Are you receiving Social Assistance/Alberta Works income?* ☐ Yes ☐ No

If **Yes**, please provide the following:

Social Worker Name: _____

(Last Name) (First Name)

Social Worker Telephone Number: _____

Social Worker’s Agency Name or Address: _____

15. Are you currently employed?* ☐ Yes ☐ No

If **Yes**, please provide the following:

Employer Name: _____ Telephone Number: _____

Employer Address: _____

16. Please provide your current monthly income* (Note: All income must be verified)

Source of Income	Amount
Old Age Security & Guaranteed Income Supplement	\$
Alberta Seniors’ Benefit	\$
Canada Pension Plan	\$
Other Pension	\$
War Veterans Allowance	\$

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Source of Income	Amount
War Disability Pension	\$
Social Assistance/Alberta Works	\$
Employment Income	\$
Other Income (Specify):	\$
TOTAL	\$

17. Assets: Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, etc.

Investment/Asset	Value	Monthly Interest/Income	Yearly Interest/income
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$	\$	\$

18. What is your reason for moving? _____

19. Have you applied for Seniors Subsidized Accommodation with any other provincial housing society? ☐ Yes ☐ No

20. Have you been given a “Notice to Vacate” at your current accommodation? ☐ Yes ☐ No

If Yes, please provide the reason for eviction: _____

Note: You may be required to submit a copy of the “Notice to Vacate” during the application review process.

21. Please provide two references who can be contacted in addition to your current landlord:*

Friend Name: _____
(Last Name) (First Name)

Friend Telephone Number: _____

Friend Address: _____

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Family Member Name: _____
(Last Name) (First Name)

Family Member Telephone Number: _____

Family Member Address: _____

22. Other related information you wish to provide: _____

About The Application Process:

- 1. Once your application has been received and reviewed by Management, you will be called with an interview date and time.
- 2. All income must be verified prior to lease signing. Your Notice of Assessment from Revenue Canada for the past year is required to calculate the rental rate. This must be provided at the time of the interview. If your Notice of Assessment is not available, you must provide the last 3 months’ bank statements from all bank accounts.
- 3. If you are a successful applicant:
 - a. Applicants should have a personal will and must provide the name and contact information for the will’s Executor.
 - b. Renter’s insurance which includes liability is recommended.
 - c. Appointments for lease signing by successful applicants will be coordinated by the Admin Assistant to occur during office hours.
 - d. The applicant must be readily available to sign the lease and move in on the agreed upon date.
 - e. Keys are not issued until the lease is signed.
 - f. Move ins can be scheduled through the office for weekdays between 8:00 am and 3:00 pm

For questions contact the office at 242-3055 OR by email to grace-bankviewhouse@shaw.ca OR by mail to: Grace Lutheran Manor
3600 Sarcee Road SW
Calgary, Alberta T3E 6X5

PART B

The following information is required for safety reasons as per the Calgary Fire Department and the National Fire Code.

Date: _____

Name: _____

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1. Which of the following do you require to assist with your mobility?*
- a. ☐ Cane(s)
 - b. ☐ Walker
 - c. ☐ Wheelchair: ☐ Temporary use ☐ Permanent use
 - d. ☐ Other – Specify: _____
 - e. ☐ None
2. Which of the following visual aids do you require?*
- a. ☐ Eyeglasses
 - b. ☐ Contact Lenses
 - c. ☐ Blind person accessories – Specify: _____
 - d. ☐ None
3. Do you require hearing aids?* ☐ Yes ☐ No
4. Is there anything else you may need assistance with should you be required to evacuate the building in the event of an emergency?*
- ☐ Yes ☐ No If **Yes**, please specify: _____

Note: This information is required at the time of application for accommodation and will be updated at the time of lease renewals. If any of the above information changes prior to the lease renewal period, it is the tenant’s responsibility to notify management.