



The Evergreens Foundation Application for Accommodation

Social Housing – Seniors Self-contained Apartments

(Confidential)

This Application CANNOT be processed unless ALL questions are fully answered

As of June 1, 2005 all Seniors Self-contained Apartments only offer a smoke-free environment.

The Evergreens Foundation operates seniors self-contained apartment facilities in Edson, Hinton and Jasper.

Please indicate which community you are applying for:

Edson Hinton Jasper

It is important to pay close attention to the following portions of your application form:

- Include a copy of your Income Tax Assessment showing Line 150 for the immediately preceding taxation year.
- Medical Form completed by your family physician (included in this application package)
- Your completed application must be signed in the presence of a Commissioner for Oaths for the Province of Alberta
- Residency Requirement: Applicants must have lived within The Evergreens Foundation’s boundaries for 6 months prior to application.

All inquiries and completed application forms can be directed to the Manager within your community:

Edson:	Jasper:	Hinton:	Evansburg:
Vivian Williams Heritage Court/ Heatherwood Manor #109 – 5238 5 th Ave Edson, AB T7E 1R6 Ph: 780-723-7117 Fax: 780-712-7457	Ornesto Tassoni Pine Grove Senior Citizens Manor P.O. Box 2050 Jasper, AB t0E 1E0 Ph: 780-852-5000 Fax: 780-852-5092	Sandra Gallimore Lion’s Sunset Manor 110 West Jasper St. Hinton, AB T7V 1X2 Ph: 780-865-4762 Fax: 780-865-4764	Deborah Bonham Pembina Pioneer 3 5220 49 St. Evansburg, AB T0E 0T0 Ph: 780-727-2613 Fax: 780-727-2029

This information is being collected for the purpose of the application process. All information collected for this purpose will be kept confidential as per the Freedom of Information and Protection of Privacy Act.

If a translator was required to complete this application, please provide his/her name and phone number.

Translator’s Name

Telephone Number



PLEASE PRINT

Applicant's Name: _____
(Last) (First) (DOB) DD/MM/YY

Co- Applicant's Name: _____
(Last) (First) (DOB) DD/MM/YY

Present Address: _____
(P.O. Box/Apartment #/Street)

(Municipality) (Postal Code)

Home Phone: _____ Cell Phone: _____

Email Address (If Applicable): _____

Are all applicants Canadian Citizens or Permanent Residents? YES NO

If No, Provide copies of immigrations papers for members who are not Canadian Citizens or Permanent Residents.

Next of Kin (Emergency Contact)

Name: _____ Phone Number: _____

Relationship: _____ Email (If Applicable): _____

Name: _____ Phone Number: _____

Relationship: _____ Email (If Applicable): _____



Do you have a Will? YES NO

Executor's Name: _____ Phone Number: _____

Do you Own or Rent your present Accommodation? OWN RENT

Present Accommodation: House Townhouse Apartment Rooming House

Hotel/Motel Other _____ (Specify)

Present Rent/House Payment: \$ _____ Heat: \$ _____

Electricity: \$ _____ Water/Sewer: \$ _____

Rooms in your present accommodation: Kitchen Living Room Dining Room

of Bathrooms _____ # of Bedrooms _____

Do you share your accommodation with person(s) other than those listed on this application?

YES NO

If yes, how many other persons? # of Adults _____ # of Children _____

What part of the Accommodation is shared? _____

If you do not pay rent, do you contribute financially? YES NO

If yes, please specify _____

Name of present Landlord: _____

Address/Phone: _____



May we contact your present/previous landlord for reference? YES NO

Are any of the applicants disabled? YES NO

If yes, please specify _____

Do you require an accessible unit? YES NO

Do you currently use any of the following? Wheelchair Electric Wheelchair Scooter

For safety reasons there may be some restrictions on usage of electric devices at some sites. Manager will discuss with tenant.

Do you require a parking stall? YES NO

Car – Colour/Year/Make/Model: _____

Have you ever been a recipient of subsidized housing? YES NO

If yes, when? _____ If yes, where? _____

Have you ever been asked to vacate your premises? YES NO

If yes, where? _____ If yes, why? _____



Important! Please enclose a copy of your most recent income tax **Notice of Assessment** showing Line 150.

Sources of MONTHLY Income. Please check ALL that Apply.

Source of Monthly Income	Applicant	Co-Applicant
Social Assistance		
Assured Income for the Severely Handicapped (AISH)		
Department of Veteran Affairs		
Old Age Security		
Canada Pension		
Guaranteed Income Supplement		
Alberta Income Supplement		
Company or Group Pension		
Self-employed Income		
Employment Income		
Other Income (specify)		
Carbon Tax Rebate		

If you receive employment income, please provide contact information for your employer(s).

May we contact your present/previous employers for reference? YES NO

Please describe your current situation. What are your reasons for wanting to move?

Note: If you have been given a "NOTICE TO VACATE", please submit a copy of the notice stating the reason for eviction.



Applicants Acknowledgement

I understand that this is an application for accommodation and not an agreement on the part of The Evergreens Foundation to provide me with rental accommodation.

I further acknowledge the right of The Evergreens Foundation, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize The Evergreens Foundation to investigate all the statements made in this application, being aware that discovery of any false statement may cancel any further consideration of this application.

I further agree that I am obligated to advise The Evergreens Foundation, in writing, of any changes in family composition, gross family composition, gross family income, assets, employment or change of address should occur.

I understand that this information is being collected under the authority of the Freedom of Information and Protection of Privacy ACT (32-C) as is required for the purpose of administering a housing program. Any questions or concerns regarding the use and/or handling of my personal information should be directed to the FOIP Coordinator at The Evergreens Foundation.

That I/we have resided in the Province of Alberta _____ years of my/our life/lives and in the district for _____ years;

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.

Signature of Commissioner of Oaths

Signature of Applicant

Printed Name of Commissioner of Oaths

Printed Name of Applicant

My appointment expires on: _____
Day/Month/Year

Application date: _____
Day/Month/Year

Commissioner for Oaths Stamp:

