

**Application for Accommodation (Seniors Self Contained)**

(Confidential)PLEASE READ CAREFULLY

I understand that this is just an application and that it is not an agreement on the part of *NEWELL HOUSING ASSOCIATION*, or its agents to provide me with rental accommodation.

I further acknowledge the right of *NEWELL HOUSING ASSOCIATION*, or its agents 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 *NEWELL HOUSING ASSOCIATION*, or its agents to investigate any or all of the statements made by me in this application, being fully aware that any discovery of false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise *NEWELL HOUSING ASSOCIATION*, or its agents, in writing, of any changes in family composition, gross family income, assets, or change of address should they occur.

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Signature of Applicant

DOMINION OF CANADA)      IN THE MATTER OF THIS APPLICATION FOR DWELLING  
PROVINCE OF ALBERTA) ACCOMODATION IN THE OUSING PROJECT

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, in the Province of Alberta, do solemnly declare as follows:

1. I am the applicant named 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 'Canadian Evidence Act.'

Declared before me )

At the \_\_\_\_\_ of \_\_\_\_\_ )

In the Province or Alberta, )

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ ) \_\_\_\_\_

Applicant \_\_\_\_\_

Signature of  
My Appointment expires on \_\_\_\_\_

A Commissioner of Oaths in the Province of Alberta

(PLEASE PRINT)

1. Applicants name \_\_\_\_\_  
(Last Name) (First Name)  
Date of Birth \_\_\_\_\_ Social Insurance Number \_\_\_\_\_  
Alberta Health Care Number \_\_\_\_\_

2. Co- Applicants Name \_\_\_\_\_  
(Last Name) (First Name)  
Date of Birth \_\_\_\_\_ Social Insurance Number \_\_\_\_\_  
Alberta Health Care Number \_\_\_\_\_

3. Are you a:  Canadian Citizen  
 Landed Immigrant  
 Or \_\_\_\_\_

4. Present Address \_\_\_\_\_  
(P.O. Box/Apartment Number/ Street)  
\_\_\_\_\_  
(City/Town/Village) (Postal Code)

Home Phone Number \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_  
(Name) (Phone Number)

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 TENANT)

	APPLICANT	CO-APPLICANT
Alberta Assured Income Supplement	_____	_____
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, registered retirement saving plan, etc.

INVESTMENTS/ ASSETS	INTEREST/INCOME
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
TOTAL \$ _____	TOTAL \$ _____

7. If you or your co-applicant have employment income(s), please state the name(s) and address (es) of the employer(s)

Name of your Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of your Co-Applicant's Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Present rent or house payment is \$\_\_\_\_\_ per month, plus \$\_\_\_\_\_ for heat, \$\_\_\_\_\_ for light, \$\_\_\_\_\_ for water and sewer

9. If renting, name of your present Landlord \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

10. Is your present accommodation a  House  Apartment- Elevator? Yes/No  
 Rooming House  Motel/Hotel  Other \_\_\_\_\_

11. Rooms in your present accommodation  Kitchen  Living Room  Dining Room  
 \_\_\_\_\_ Bathroom(s) \_\_\_\_\_ Bedroom(s)

12. Number of person(s) in your present accommodation \_\_\_\_Adult(s) \_\_\_\_\_Children

13. Does any member of your household require accommodation adapted for a special need (i.e. wheelchair accessibility etc.) ?

\_\_\_\_\_

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Family Doctors Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

14. Do you share with other occupants the use of the kitchen, the bathroom, or your bedroom?  
 Yes  No  
If yes list the number of persons sharing and what rooms they are sharing  
\_\_\_\_\_

15. Are your shower/ bathtub, toilet and sink all located in the bathroom?  
 Yes  No If No please give details \_\_\_\_\_

16. Are your stove, fridge, cupboards, counterspace, and sink all located in the kitchen?  
Yes  No  If No please give details \_\_\_\_\_

17. Do you have a pet?  
Yes  No  If Yes please give details \_\_\_\_\_

18. Reasons for wanting to move  
\_\_\_\_\_  
\_\_\_\_\_

If you have been given a 'Notice to Vacate' please submit a copy and state the reason for  
eviction \_\_\_\_\_

19. Other related information you wish to provide:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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