

Heart River Housing

THIS SECTION IS FOR OFFICE USE ONLY

HOUSING MANAGERS: As soon as a room has been assigned please complete this section and fax this page only to central office.

Move In Date: _____

Point Score: _____

Unit Address: _____

APPLICATION FOR ACCOMMODATION - LODGE

(CONFIDENTIAL)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

1. Applicant's Name

Marital Status

Date of Birth

Social Insurance No./ Old Age Security No.

Alberta Personal Health No.

Treaty No.(if applicable)

2. Present Mailing Address

Home Telephone No.

3. How long have you resided in this municipality?

4. Name, address, telephone number and relationship of responsible relative, friend or Guardian

to be notified in case of emergency:

Name

Relationship

Address

Telephone No.

5. Current Monthly Income \$

6. Are you receiving Alberta Seniors' Benefit?

7. After paying rent will the applicant have at least \$265 left for the month?

8. Do you have a Will?

Executor's Name

Address

Telephone No.

If you wish, you may provide other related information on the reverse of this form.

AN UP TO DATE MEDICAL CERTIFICATE IS REQUIRED BEFORE ADMISSION

I hereby understand and agree that special care shall not be provided in the Lodge and that should I require care in the future I shall move to a facility providing same upon request.

IMPORTANT NOTICE TO APPLICANTS

Once your application has been approved in principle, and you accept the accommodation offered, you will be provided with a Lodge Resident's Terms of Occupancy, which together with this Application For Accommodation shall form the basis of your occupancy at the Lodge.

This information is collected pursuant to the provisions of the Housing Act, and its regulations, and pursuant to section 32(c) of the FOIPP Act. For more information contact Heart River Housing Administrator, Box 909, High Prairie, AB T0G 1E0, (780)523-5282

Witness - Administration

Signature of Applicant (certified correct)

Date