



Heart River Housing

THIS SECTION IS FOR OFFICE USE ONLY

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

Move In Date: _____ Monthly Rent: _____
 Unit Address: _____ Other Charges: _____
 Location Preference: _____ Point Score: _____

APPLICATION FOR ACCOMMODATION - SENIOR CITIZENS

(CONFIDENTIAL)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

1. Applicant's Name	Date of Birth	
Marital Status		
Social Insurance No./Old Age Security No.		
Alberta Personal Health No.	Treaty No.	
Co-Applicant's Name	Date of Birth	
Marital Status		
Social Insurance No./Old Age Security No.		
Alberta Personal Health No.	Treaty No.	
2. Present Mailing Address		
Email Address(es)		
Telephone Number(s)		
3. Name, address, telephone number and relationship of responsible relative, friend or Guardian to be notified in case of emergency:		
Name	Relationship	
Address		
Telephone Number(s)	Email Address	
4. Do you have a Will?		
Executor's Name		
Address		
Telephone Number(s)	Email Address	
5. If you are receiving support from Alberta Works, please state the name and office address of your Social Worker:		
6. Income - must be verified upon acceptance as a tenant.		
	Applicant	Co-Applicant
Line 150 of Income Tax Return		
RRSP, RRIF, Annuity Income Included Above		
7. Do you own or rent your present accommodation?		
How much is your monthly house payment or monthly rent?		
8. If you are renting, provide the name of your landlord:		
Address	Telephone No.	

9. Describe your present accommodations (e.g. house, apartment, rooming house, room & board, other):

If you live in an apartment, does the apartment have an elevator?

10. Does your present accommodations have a kitchen? Living Room?

Bathroom? How many bedrooms?

11. How many people share your present accommodations?

Adults? Children?

12. Do you or your co-applicant require accommodations adapted for a special need (e.g. wheel chair)?

If Yes, explain.

Family Doctor's Name

Telephone No.

Address

13. Do you share the use of the kitchen, bathroom or our bedroom?

If Yes, Number of persons sharing the kitchen?

Number of persons sharing the bathroom?

Number of persons sharing the bedroom?

14. What are your reasons for wanting to move?

15. If you have been given a "NOTICE TO VACATE", please provide a copy of the notice and state the reason for the eviction.

16. Other related information you may wish to provide:

NO PETS ALLOWED

I understand this is an application only and it is not an agreement on the part of Heart River Housing, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Heart River Housing, 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 Heart River Housing, 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 obliged to advise Heart River Housing, or its agents, in writing of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

This information is collected pursuant to the provisions of the Housing Act, and its regulations, and pursuant to Section 32© of the FOIPP Act. For more information, contact Heart River Housing Administrator, P.O. Box 909, High Prairie, Alberta, T0G 1E0, 780-523-5282.

Heart River Housing Signature

Signature of Applicant

Heart River Housing Signature

Signature of Co-Applicant