



# Heart River Housing

## APPLICATION FOR ACCOMMODATION - SENIOR HOUSING

~ Faust ~ Kinuso ~ High Prairie ~ McLennan ~ Donnelly ~ Falher ~ Girouxville ~ Valleyview ~ Fox Creek ~

P.O. BOX 909, HIGH PRAIRIE, AB, T0G 1E0  
PHONE 780-523-5282 FAX 780-523-5283

P.O. BOX 537, FALHER, AB, T0H 1M0  
PHONE 780-837-0695 FAX 780-837-8379

P.O. BOX 610, FOX CREEK, AB, T0H 1P0  
PHONE 780-622-5727 FAX 780-622-3738

P.O. BOX 1110, VALLEYVIEW, AB, T0H 3N0  
PHONE 780-524-5554 FAX 780-524-5556

(CONFIDENTIAL)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

|          |   |                           |
|----------|---|---------------------------|
| <b>1</b> | <b>Applicant's Name:</b>  |                           |
|          | Marital Status:   | Date of Birth:            |
|          | Social Insurance #/Old Age Security #:  |                           |
|          | Alberta Personal Health #:  | Treaty # (if applicable): |
|          | <b>Co-Applicant's Name:</b>   |                           |
|          | Marital Status:   | Date of Birth:            |
|          | Social Insurance #/Old Age Security #:  |                           |
|          | Alberta Personal Health #:  | Treaty # (if applicable): |
| <b>2</b> | <b>Present Mailing Address:</b>   |                           |
|          | Email Address(es):  |                           |
|          | Home Phone #:   | Other Phone #(s):         |
| <b>3</b> | <b>Emergency Contact Name:</b>  |                           |
|          | Relationship to Applicant:  | Email Address:            |
|          | Phone #(s):   |                           |
|          | <b>Emergency Contact Name:</b>  |                           |
|          | Relationship to Applicant:  | Email Address:            |
|          | Phone #(s):   |                           |
| <b>4</b> | Do you have a Will?   |                           |
|          | Executor's Name:  | Email Address:            |
|          | Address:  |                           |
|          | Phone #(s):   |                           |
| <b>5</b> | If you are receiving support from Alberta Works, provide the name and office address of your Social Worker: |                           |
| <b>6</b> | Income - must be verified upon acceptance as a tenant.  | Applicant                 |
|          | Line 150 of Income Tax Return   |                           |
|          | RRSP, RRIF, Annuity Income Included Above   |                           |

|                        |  |
|------------------------|--|
| 7                      | Do you own or rent your present accommodation?<br>How much is your monthly house payment or monthly rent?  |
| 8                      | If you are renting, provide the name of your landlord:<br>Address: _____ Phone #: _____  |
| 9                      | Present Accommodations - Please circle one:<br>House      Trailer      Apartment      Duplex      Other (Specify)  |
| 10                     | Does your present accommodations have a kitchen?      Living Room?<br>Bathroom?      How many bedrooms?  |
| 11                     | How many people share your present accommodations?<br>Adults?      Children?   |
| 12                     | Do you or your co-applicant require accommodations adapted for a special need (e.g. wheel chair)?<br>If yes, explain:<br>Family Doctor's Name: _____ Phone #: _____<br>Address: _____                                |
| 13                     | Do you share the use of the kitchen, bathroom or your bedroom?<br>If Yes, number of persons sharing the kitchen?<br>If Yes, number of persons sharing the bathroom<br>If yes, number of persons sharing the bedroom? |
| 14                     | What are your reasons for wanting to move?<br>_____<br>_____   |
| 15                     | If you have been given a "NOTICE TO VACATE", please provide a copy of the notice and state the reason for the eviction:<br>_____<br>_____  |
| 16                     | Other related information you may wish to provide:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____   |
| <b>NO PETS ALLOWED</b> |  |

**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 the Heart River Housing Administrator, P.O. Box 909, High Prairie, Alberta, T0G 1E0, (780) 523-5282.*

\_\_\_\_\_  
Witness - Administration

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness - Administration

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

***Applications will only be processed when the application is complete and the following paperwork has been received by Heart River Housing Managers.***

**Tax Return:** Complete copy of the previous year