

Heart River Housing

	APPLICATION FOR ACCOMMODATION - LODGE				
	~ High Prairie ~ Falher ~ Valleyview ~				
	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 1110, VALLEYVIEW, AB, T0H 3N0 PHONE 780-524-5554 FAX 780-524-5556				
	(CONFIDENTIAL)				
	PLEASE READ CAREFULLY, ANSWER AL	L QUESTIONS AND PLEASE PRINT			
1	Applicant's Name:				
	Marital Status:	Date of Birth:			
	Social Insurance/Old Age Security #:				
	Alberta Personal Health #:	Treaty # (if applicable):			
2	Co-Applicant's Name:				
	Marital Status:	Date of Birth:			
	Social Insurance/Old Age Security #:				
	Alberta Personal Health #:	Treaty # (if applicable):			
3	Present Mailing Address:				
	Email Address(es):				
	Home Phone #:	Other Phone #(s):			
4	How long have you resided in this municipality?				
5	Emergency Contact Name:				
	Relationship to Applicant:	Email Address:			
	Phone #(s):				
	Mailing Address:				
	Emergency Contact Name:				
	Relationship to Applicant:	Email Address:			
	Phone #(s):				
	Mailing Address:				

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8	Are you receiving Alberta Senior's Benefit?				
9	Do you have a Personal Directive and appointed an agent to make personal and health care decisions on your behalf if you are unable to?				
	Agent's Name: Email Address:				
	Address:				
	Phone #(s):				
10	Do you have a Power of Attorney in place who can make financial or legal decisions on your behalf if you are unable to?				
	Power of Attorney's Name: Email Address:				
	Address:				
	Phone #(s):				
11	Do you have a Will?				
	Executor's Name: Email Address:				
	Address:				
	Phone #(s):				
12	Any other related information:				
	NO PETS ALLOWED				

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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.					
Once your application has been approved in principle you will be provided with a Lodge Resident's Term Application for Accommodation shall form the	ns of Occupancy, which together wit	h this			
This information is collected under the authority of the Alberta Housing Act and section 4(a) of the Protection of Privacy Act . The purpose of this collection is to administer housing programs and services, including eligibility assessment, tenancy management, and related supports.					
If you have questions about this collection, use, or disc Housing Administrator, P.O. Box 909, High Prairie,					
Heart River Housing - Administration	Signature of Applicant				
Heart River Housing - Administration	Signature of Co-Applicant				
	Date				
Applications will only be processed when the a paperwork has been received by He		lowing			
Heart River Housing's Confidential Medical Report					
Tax Return: Complete copy of the previous year AND the most current NOA (Notice of Assessment)					

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