

2018



PARKLAND  
FOUNDATION  
THE  
BETHANY  
GROUP

# Application Form

## SENIORS SUBSIDIZED APARTMENTS

- Each applicant should be age 65 or over
- Each applicant must be functionally independent
- Each applicant must have a core housing need (low to moderate income)
- Rent is based on 30% of gross household income (before deductions)

**The Bethany Group Office Use Only**

Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Applications can be dropped off at the service centre during business hours.**

*\*Pets may be considered for these facilities; check with the Manager.*

**Camrose Service Centre**

4612 – 53 Street, Camrose, AB T4V 1Y6

Tel: 780-679-2002

Fax: 780-679-3054

Email: [Housing.Camrose@bethanygrp.ca](mailto:Housing.Camrose@bethanygrp.ca)

Bawlf: Sanden Court \_\_\_\_\_  
Camrose: Heritage Manor \_\_\_\_\_  
Parkview Place \_\_\_\_\_  
Willdrose Villa \_\_\_\_\_  
Bashaw: Heritage House I & II \_\_\_\_\_  
Lakeside Home \_\_\_\_\_  
Ferintosh: Beaver House \_\_\_\_\_  
New Norway: Nordic Villa \_\_\_\_\_

**Forestburg Service Centre**

4401 – 47 Street, Forestburg, AB T0B 1N0

Tel: 780-582-0007

Fax: 780-582-7392

Alliance: EO Lysne Manor \_\_\_\_\_  
Daysland: West Side Manor \_\_\_\_\_  
Forestburg: Big Knife Villa \_\_\_\_\_  
Galahad: Wheatland Manor \_\_\_\_\_  
Hardisty: Parkland Manor \_\_\_\_\_  
Heisler: Cozy Corner \_\_\_\_\_  
Killam: Manitou Manor \_\_\_\_\_  
Lougheed: Frontier Manor \_\_\_\_\_  
Verdant Valley Villa \_\_\_\_\_  
Sedgewick: Prairie Rose Place \_\_\_\_\_  
Strome: Wavy Lake Manor \_\_\_\_\_

**Lacombe Service Centre**

4622 C&E Trail, Lacombe, AB T4L 1M9

Tel: 403-782-4118

Fax: 403-782-4119

Email: [Housing.Lacombe@bethanygrp.ca](mailto:Housing.Lacombe@bethanygrp.ca)

Alix: Lakeview Manor \_\_\_\_\_  
Bentley: Oxford Court \_\_\_\_\_  
Blackfalds: Tower Manor \_\_\_\_\_  
Eckville: Golden Villas \_\_\_\_\_  
Lacombe: Cameron Manor \_\_\_\_\_  
Parkview Manor \_\_\_\_\_  
Spruce Terrace \_\_\_\_\_  
Mirror: Lamerton Place \_\_\_\_\_

**Parkland Service Centre**

4045 – 50 Avenue, Innisfail, AB T4G 1B2

Tel: 403-277-4180

Fax: 403-865-4361

Email: [karen.marshall@bethanygrp.ca](mailto:karen.marshall@bethanygrp.ca)

Bowden: Bow-Glen Court \_\_\_\_\_  
Westview Manor \_\_\_\_\_  
Innisfail: Dodds Lake Manor \_\_\_\_\_  
Poplar Grove Court \_\_\_\_\_  
Penhold: Penhold Royal Manor \_\_\_\_\_

**Wetaskiwin Service Centre**

300, 4501 – 60 Street, Wetaskiwin, AB T9A 1X7

Tel: 780-352-4435

Fax: 780-352-4458

Email: [Housing.Wetaskiwin@bethanygrp.ca](mailto:Housing.Wetaskiwin@bethanygrp.ca)

Millet: John A. Smith Manor \_\_\_\_\_  
Wetaskiwin: Kiwanis Kourt \_\_\_\_\_  
Legion Arms \_\_\_\_\_  
Luther Manor \_\_\_\_\_

I understand this application does not constitute an agreement on the part of The Bethany Group or its agents to provide me with rental accommodation.

I further acknowledge the right of The Bethany Group or its agents at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize The Bethany Group or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel further consideration of my application.

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

I further agree the information provided by me pertains to all persons named within this application.

I further agree to give permission for current or past landlords and employers to release any information which directly affects this application for subsidized housing.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

**To be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge at the time of your interview.**

DOMINION OF CANADA ) IN THE MATTER OF THIS APPLICATION FOR DWELLING  
PROVINCE OF ALBERTA ) ACCOMMODATION IN THE HOUSING PROJECT.  
TO WIT: )

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

1. That I am/we are the applicant(s) named in the said application;
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information, and belief, full and true in all respects;
3. That I/we have resided in the Province of Alberta for \_\_\_\_\_ years of my life/our lives, and in this district for \_\_\_\_\_ years.

And I/we 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 "Canada Evidence Act."

Declared before me \_\_\_\_\_)

at the \_\_\_\_\_ of \_\_\_\_\_)

in the Province of Alberta, this \_\_\_\_\_ day)

of \_\_\_\_\_, 20\_\_\_\_\_)

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

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

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of Alberta

My appointment expires on: \_\_\_\_\_ Print or Stamp Name here: \_\_\_\_\_

---

## PLEASE READ CAREFULLY

---

### ***Instructions for completing application:***

**Applications will not be processed unless all documentation is provided and all questions are fully answered.** If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information of which you would like us to be aware of.

#### **You are required to provide the following:**

1. Documentation to verify income
  - ✓ A copy of your most recent federal **Notice of Assessment**
  - ✓ A copy of your most recent **Income Tax Return & tax receipts**
  - ✓ Verification of **Alberta Seniors Benefit**
  - ✓ A **current bank statement**, showing any direct deposits of federal or provincial seniors' payments. Statement must show your name and address.
2. Proof of residency
  - ✓ Last 3 months' rent receipts or lease, if renting your current accommodation
  - ✓ Alberta Health Care card

It is your responsibility to contact this office to **report in writing any changes** in your circumstances such as family composition, contact information, financial information etc.

If a translator was required to complete this application, please provide the following:

---

Translator's Name

---

Telephone Number

*The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 33(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. Information acquired on this form will be kept secure and access is restricted. If you have any questions about the collection, contact the FOIP Coordinator at The Bethany Group Office, 4612 - 53 St., Camrose, AB T4V 1Y6. The phone number is (780) 679-2000.*

---

# APPLICATION FOR SUBSIDIZED ACCOMMODATION

## (CONFIDENTIAL)

---

Please answer all questions AND please print or type.

1. Applicant's name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Alberta Health Care No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Month/day/year

2. Co-Applicant's name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Alberta Health Care No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Month/day/year

3. Are you a Canadian Citizen? Yes  No  If no, provide copies of immigration papers.

4. Present Address: \_\_\_\_\_  
\_\_\_\_\_  
Municipality \_\_\_\_\_ Postal Code \_\_\_\_\_

5. Do you rent or own your present accommodation? Rent  Own   
If you own your home, what is the value of it? \$ \_\_\_\_\_

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

7. Present Landlord Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

What date did you move to this address? \_\_\_\_\_

8. Present Accommodation: House  Townhouse  Apartment   
Rooming House  Hotel/Motel  Other  \_\_\_\_\_

9. Rooms in your present accommodation include: Kitchen  Living Room  Dining Room   
Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

10. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom? Yes  No   
If no, specify: \_\_\_\_\_

11. Is your stove, refrigerator, cupboards; counter space and sink, all located in your kitchen? Yes  No   
If no, specify: \_\_\_\_\_

12. Do you share any part of this accommodation with person(s) other than those in this application?

Yes  No  If yes, how many other persons? No. of adults \_\_\_\_\_ No. of children \_\_\_\_\_

What part of the accommodation is shared? \_\_\_\_\_

Do you pay rent? Yes  No  If No, do you contribute financially? Yes  No

If yes, specify:

13. Do you or any members of your household require special needs accommodation?

Yes  No  If yes, specify \_\_\_\_\_

14. Do you have pets? Yes  No  If yes, what kind and how many? \_\_\_\_\_

(Pets are **not** approved in **all** of our accommodations, check with the Manager.)

15. List previous residential tenancies for the past 2 years beginning with the most recent. *Please use a separate sheet if more room is required than provided.*

Previous Landlord Name	Address	Phone Number	Length of Time at Address	Monthly Payment	Reason for Leaving

16. Have you rented subsidized housing before? Yes  No  When? \_\_\_\_\_

Where? \_\_\_\_\_

17. **Reasons for wanting to move.** Health  Safety  Financial  Location  Eviction  Other

Please use the following space to describe your present accommodation and to provide any additional information you would like us to be aware of which would assist in assessing your application for subsidized housing. *Please use a separate sheet if more room is required than provided.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have been given a "Notice to Vacate", please submit a copy of the notice stating the reason for eviction.**

18. Family Doctor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

19. Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

20. DRIVER'S LICENSE #: Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_

Vehicle (1) \_\_\_\_\_  
Year                      Make                      Model                      Color                      License Number

Vehicle (2) \_\_\_\_\_  
Year                      Make                      Model                      Color                      License Number

21. **STATEMENT OF INCOME**

All information regarding your income must be complete and accurate and must be verified by the most recent Notice of Assessment, the Income Tax Return and/or a current Bank Statement.

FINANCIAL INCOME DESCRIPTION	Monthly Income	Monthly Income
	APPLICANT	CO-APPLICANT
Old Age Security		
Guaranteed Income Supplement		
Alberta Seniors Benefit		
Spousal Allowance		
Canada Pension Plan (Widow, Orphan)		
Company Pension		
Veterans Allowance		
War Disability Pension		
Employment Income*		
AISH		
Income Supports		
Alimony		
Interest		
Other Income – Specify		
<b>Sub-Total Monthly Income</b>		
INVESTMENTS	Monthly Interest Income	Monthly Interest Income
Bank Accounts – Chequing & Savings		
R.R.S.P.'s / R.R.I.F.'s		
Term Deposits / GIC's		
Stocks		
Bonds (Canada Savings Bonds / AB Bonds)		
Annuities		
Other – Specify		
<b>Sub-Total Investment Income</b>		
<b>TOTAL MONTHLY INCOME</b>		

ASSETS	DOLLAR VALUE	
House		
Vehicle		
Cottage		
Recreational Vehicle (Boat, motorhome, etc.)		
Real Estate		
Other – Specify		
Other – Specify		

(NOTE: Essential personal and household effects such as clothing and furniture are not included as assets.)

\* Employment Income must be verified with an Employment Verification Form available from the office and Income from Self-Self Employment must include the submission of a Financial Statement subject to review by The Bethany Group.

---

# RESPONSIBLE PARTY STATEMENT

---

**DIRECTIONS FOR COMPLETION:**

Please print clearly in all sections, and make sure that all blanks are properly filled. This statement is to be signed by an adult living outside of the facility. Couples cannot use each other as the responsible party, as we will expect that you will answer for each other if one of you should become disabled or incapacitated. This statement is to assist us in the event that you should become incapacitated during your tenancy. All information is confidential and required only in case of an emergency.

**APPLICANT'S NAME:** \_\_\_\_\_

**PERSON OR PERSONS ASSUMING EMERGENCY RESPONSIBILITY FOR THE ABOVE APPLICANT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

Postal Code: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

OTHER PHONE #: \_\_\_\_\_

RELATIONSHIP TO APPLICANT:  
\_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

Postal Code: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

OTHER PHONE #: \_\_\_\_\_

RELATIONSHIP TO APPLICANT:  
\_\_\_\_\_

I (we) certify that I (we) will be totally responsible for the above named applicant in the event that the applicant is unable to answer for him/herself, once they become a tenant in a Bethany facility. If the tenant does not abide by the rules, regulations, and the tenancy agreement as signed with The Bethany Group, I (we) agree to remove the tenant from the building within thirty (30) days of being notified. I (we) further agree that The Bethany Group's decisions are final and binding on all parties concerned. I (we) understand that if the tenant is assessed and is deemed to require additional services such as Home Care in order to continue living independently, and they refuse the service, the tenant will be requested to find alternate accommodation. If the requirements are beyond the capability of outside services to supply, I (we) will be requested to find alternate accommodation for the tenant and assist in supplying the tenants' needs until such time as alternate accommodation is arranged.

**Signature of responsible parties:** \_\_\_\_\_

Date: \_\_\_\_\_ Print name of Witness: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Housing Manager: \_\_\_\_\_