APPLICATION FOR ACCOMMODATION-SENIOR CITIZENS (CONFIDENTIAL) PLEASE READ CAREFULLY

Seniors are qualified for self-contained housing if they are functionally independent or functionally independent with the assistance of community based supports (ie - homecare, etc). I understand that **VERMILION & DISTRICT HOUSING FOUNDATION** may use an interview process during applications to determine if I am suitable to live independently.

I further understand that this application does not constitute an agreement on the part of **VERMILION** & **DISTRICT HOUSING FOUNDATION**, or its agents, to provide me with rental accommodation.

I further acknowledge the right of **VERMILION & DISTRICT HOUSING FOUNDATION**, 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 further acknowledge that VERMILION & DISTRICT HOUSING FOUNDATION, or its agents, may request a formal interview to assess my suitability to living independently

I hereby authorize **VERMILION & DISTRICT HOUSING FOUNDATION**, or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise **VERMILION & DISTRICT HOUSING FOUNDATION**, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

APPLICANT NAME	WITNESS NAME		
APPLICANT SIGNATURE	WITNESS SIGNATURE		
 DATE			

(PLEASE PRINT)

NOTE: PLEASE ANSWER ALL QUESTIONS

Applicants Name:			
	(Surname)		(Given Name)
Date of Birth:	Social Insu	rance No.	
Alberta Health Care No.			
2. Spouse's Name:			
	(Surname)		(Given Name)
Date of Birth:			
Alberta Health Care No.			
3. Are you a: □ Canadian Citi □ Landed Immiç □ or	grant		
4. Present Address:			
	(P.O. Box/Apartment No./Street)		
	(City/Town/Villa	qe)	(Postal Code)
Home Telephone:		-	
тото тогорионе.			
5. If you are on Social Assistar	ice, please state the name and office	address of your Social V	Vorker.
Name:			
Address:			
6. MONTHLY INCOME *		HEAD \$	SPOUSE \$
Old Age Security and Guarar	nteed Income Supplement		
Alberta Assured Income Sup	plement		
Spouse Allowance			
Canada Pension Plan			
Company Pension			
War Veterans Allowance			
War Disability Pension			

Employment Income			
Social Assistance			
Other Income: Specify			
	TOTAL:		_
6. 1 LIST OF ASSETS		HEAD \$	SPOUSE \$
	TOTAL:		
7. If you or your spouse have employment inc	come(s), please state	the name(s) and addres	s(es) of the
employer(s).			
Name of your Employer:			
Address:		Telephone	e No
Name of your Spouse's Employer Address:			
8. Do you own or rent your present accommod	dation: □ Own	□ Rent	
Present rent or house payment is \$	per mo	nth, plus \$	for heat and
\$ for light, water and	sewer.		
9. If renting, name of your present landlord:			
address:			
telephone i	no.		

10. Is your present accommodation a: □ House □ Apartment □ Rooming House □ Motel or Hotel			
or Other			
11. Rooms in your present accommodation: □ Kitchen □ Living Room □ Dining Room			
Bathroom(s)Number of Bedrooms			
12. Number of person(s) sharing your present accommodation: Adults Children			
13. Do you share with other occupants the use of the kitchen, the bathroom or your bedroom? □ Yes □ No			
If yes, Number of Person(s) sharing the kitchen			
If yes, Number of Person(s) sharing the bathroom			
If yes, Number of Person(s) sharing the bedroom			
14. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom?			
☐ Yes ☐ No If NO, please give details:			
15. Are your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen?			
☐ Yes ☐ No If NO, please give details:			
16. Do you have a pet? □ Yes □ No			
If YES, what kind(s) and how many of each?			
17. Reasons for wanting to move:			

If you have been given a "NOTICE"	TO VACATE", please submit a copy of the notice and state the reason for
eviction:	
18. Please state any Physical Disabiliti	ies:
Family Doctor's Name:	
Address:	Telephone No.
40. DEFEDENCES (OTHER THAN DE	ELATINE OD DUNGIGIANI)
19. REFERENCES (OTHER THAN RE	
1Name	Phone Number
2	
Name	Phone Number
19. FOR APPLICANT'S USE	
Other related information you wish	to provide.

The collection, use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including, but not limited to, the Freedom of Information and Protection of Privacy Regulation (Consolidated 2006).