



**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 Rate \$ \_\_\_\_\_  
 Unit Address: \_\_\_\_\_ Other Charges \$ \_\_\_\_\_  
 Location Preference: \_\_\_\_\_ Point Score: \_\_\_\_\_

## APPLICATION FOR ACCOMODATION – Senior Self Contained

(Confidential)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

Application Date: \_\_\_\_\_

**1. Applicant's Name:** \_\_\_\_\_

Date of Birth(mm/dd/yyyy): \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
 Alberta Personal Health No. \_\_\_\_\_ Treaty No. \_\_\_\_\_

**2. Co-Applicant's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
 Alberta Personal Health No. \_\_\_\_\_ Treaty No. \_\_\_\_\_

**3. Present Mailing Address:** \_\_\_\_\_

Address \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_

**4. List the name, address, telephone number and relationship of responsible relative, friend or guardian to be notified in the case of an emergency.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_

# Lakeside Legion Manor



**5. Do you have a Will?**

Executor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

Alternate Telephone No. \_\_\_\_\_

**6. If you are receiving Social Assistance, please state the name, phone number and office address of your social worker**

\_\_\_\_\_

**7. Income- must be verified upon acceptance as a tenant.**

	Applicant	Co-Applicant
Line 15000 of Notice of Assessment	\$ _____	\$ _____
RRSP, RRIF, Annuity income included above	_____	_____

**8. Do you own or rent your present accommodation?**

How much is your monthly house payment or rent? \_\_\_\_\_

How much do you pay each month for electricity? \_\_\_\_\_

Heat, water, sewer \_\_\_\_\_

**9. If you are renting, name your landlord**

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

**10. Describe your present accommodations (eg. House, apartment, rooming house, room & board, other)**

\_\_\_\_\_

\_\_\_\_\_

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

**11. Does your present accommodation have a kitchen?**

Living room? \_\_\_\_\_

bathroom? \_\_\_\_\_

How many bedrooms? \_\_\_\_\_

**12. How many people share your present accommodations?**

Adults \_\_\_\_\_

Children \_\_\_\_\_

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

If Yes, \_\_\_\_\_

Number of persons sharing kitchen \_\_\_\_\_

Number of persons sharing bathroom \_\_\_\_\_

Number of persons sharing bedroom \_\_\_\_\_

**14. Do you/co applicant require accommodation adapted for a special need (eg. wheel chair, accessibility, etc.)?**

\_\_\_\_\_

\_\_\_\_\_

Family Doctors Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

# Lakeside Legion Manor



**15. Do you have a pet?**

**If YES, please give description of what kind and how many.**

**16. What are your 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 the eviction**

**17. Other related information you may wish to provide:**

**I understand this is just an application and it is not an agreement on the part of Lesser Slave Lake Regional Housing or its agents to provide me with rental accommodation.**

**I further acknowledge the right of Lesser Slave Lake Regional 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 Lesser Slave Lake Regional 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 my further consideration of my application.**

**This information is collected pursuant to the provisions of the Housing Act, and its regulations, and pursuant to Section 32(c) of the FOIPP Act. For more information Lesser Slave Lake Regional Housing Administrator, 301-6<sup>th</sup> Ave NE, Slave Lake, AB T0G 2A2 (780)849-2927**

\_\_\_\_\_  
Witness- Administrator

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