

MD OF ST. PAUL FOUNDATION
4440-50 Ave, St. Paul AB T0A 3A2
780-645-5366

APPLICATION FOR SENIORS APARTMENTS

NOTE: This application will not be processed unless all information is complete including all necessary documents.

Please Complete ALL questions and supply all the requested information. If a question does not apply mark N/A in the section. Space is provided on the application for any other information you would like us to be aware of.

Please mark what area/building you are looking for:

<input type="checkbox"/>	Ashmont Aspen Grove Apartments	<input type="checkbox"/>	Heritage Home Phase I-St. Paul
<input type="checkbox"/>	Buckingham House-Elk Point	<input type="checkbox"/>	Heritage Home Phase II-St. Paul
<input type="checkbox"/>	Fort George Manor-Elk Point	<input type="checkbox"/>	Mallaig Golden Lodge Homes

PRIMARY APPLICANT			
Full Name			
Social Insurance		Alberta Health Care Number	
Date of Birth		Mailing Address	
Street Address		City/Town	
Postal Code		Email (if any)	
Home Phone		Cell Phone	
CO- APPLICANT			
Full Name			
Social Insurance		Alberta Health Care Number	
Date of Birth		Mailing Address	
Street Address		City/Town	
Postal Code		Email (if any)	
Home Phone		Cell Phone	

Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed
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Do you own or rent your present accommodation?		<input type="checkbox"/> Own <input type="checkbox"/> Share <input type="checkbox"/> Room/Board <input type="checkbox"/> Rent to Own <input type="checkbox"/> Homeless <input type="checkbox"/> Rent			
		Utilities Included		Yes	No
Water/Sewer	\$	Electricity	\$	Heat	\$
Specify your present accommodation?		<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Room & Board <input type="checkbox"/> Other <input type="checkbox"/> Townhouse <input type="checkbox"/> Hotel/Motel			
Identify the rooms in your present accommodation?		<input type="checkbox"/> # bedrooms _____ <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> # Bathrooms _____ <input type="checkbox"/> Living Room <input type="checkbox"/> Other _____			

Are all members listed above Canadian Citizens?	Yes	No
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Are any members listed above physically challenged?	Yes	No
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SOURCE OF INCOME

Please Provide Your Most Current Yearly Income Tax Return or Notice of Assessment.

Please indicate which is applicable	Name of Receiver	Monthly income
Income Support Benefits		
AISH		
Old Age Security		
Guaranteed Income Supplement		
CPP (Retirement, Survivors)		
Alberta Seniors Benefit		
Other Pensions		
Other		

Please List all Assets	Value
Own Home	
Investments	
Own Vehicle	
Other	

Personal Reference 1		Personal Reference 2	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Relationship		Relationship	

Please provide information on your last three landlords, if applicable					
Full Rental Address	From	To	Landlord Name	Phone	Reason for Leaving

When are you prepared to move? _____

Please explain your reasons for applying for seniors housing:

Will you require a parking stall? **YES** **NO**

Vehicle Information							
Vehicle Owner			License Plate Number				
Model		Year		Make		Color	

Do you lease a vehicle?	Yes	No	Lease Payment Amount:
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I/We Authorize

- The MD of St Paul Foundation, or its designate, to verify all information provided relating to this Application for subsidy and any future information provided throughout the entire tenancy period. This may include but is not limited to employers, credit bureaus, financial institutions, federal, provincial or municipal government departments, offices. Boards or landlords.
- The MD of St Paul Foundation, or its designate, to release and exchange any information and documents including personal information by and between the MD of St Paul Foundation and such other authorities as, but not limited to, all federal, provincial and municipal departments or offices, social support agencies, interpreter(s), credit bureaus financial institutions or past or current employers.
- The parities/agencies noted in the previous paragraph to release pertinent information to the MD of St Paul Foundation in order to determine eligibility, in all aspects of this application and tenancy if approved.
- The MD of St Paul Foundation to obtain information from any person or agency for the purpose of audit verification of our/my family income or circumstance.

PRIMARY APPLICANT

Printed Name of Applicant

Social Insurance Number

Signature of Applicant

Date

CO-APPLICANT

Printed Name of Applicant

Social Insurance Number

Signature of Applicant

Date

Acceptance MD of St. Paul Foundation

Accepted this _____ Day of _____, 20____

Initials of person accepting application. _____

MD OF ST. PAUL FOUNDATION
Senior's Subsidized Housing Application

How long will I have to wait?

It is not possible to provide you with a specific wait time.

There are many factors that can affect your status on the wait list. Applications are prioritized on the basis of need as determined by income, assets, residency status and current housing conditions. The date of your application is important but it is not the only information used to place you in certain order on the wait list.

Based on all the information that you provide in the application the MD of St. Paul Foundation will ensure that you are placed appropriately on the list. The wait list can be lengthy and can change on a regular basis according to the need of applicants and accessibility of units. When you are next on the wait list, we will contact you, so please keep your information current.

You may refuse a unit if offered, but given the extensive number of applicants on our wait list for a unit, it may be a considerable length of time before another unit becomes available.