



SMOKY LAKE FOUNDATION APPLICATION FOR RESIDENCE

- Vilna Lodge, Vilna AB
 Bar-V-Nook Manor, Smoky Lake AB,

Type of Accommodation Desired:

- Studio Suite
 Large Suite – Vilna Lodge
 One-bedroom Suite - Bar V Nook

Name (in full) 1. _____ Name (in full) 2. _____

DOB (M/D/Y) _____ DOB (M/D/Y) _____

Current Address: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Relationship to You: _____

Next of Kin (name): _____ Phone: _____

Full Address of Next of Kin: _____

Name of Your Current Physician: _____ Phone: _____

Health Care # 1: _____ Health Care # 2: _____

Social Insurance #1: _____ Social Insurance #2: _____

Drivers License #1: _____ Drivers License #2: _____

If you are on Alberta Works/Supports, please provide name & office of your Case Worker:

Name: _____ Address: _____ Phone #: _____

Do you have a Personal Directive? Yes No If yes, please provide a copy.

Do you have a Power of Attorney? Yes No If yes, please provide a copy.

Will you require a Parking Stall? Yes No

Monthly Income – Income from all sources must be verified prior to acceptance of tenancy:

<i>INCOME SOURCE</i>	<i>\$ Amount Applicant</i>	<i>\$ Amount Co-Applicant</i>
Old Age Security & Guaranteed Income Supplement (OAS & GIS)		
Alberta Assured Income Supplement (AISH)		
Spouse Allowance		
Canada Pension Plan		
Company Pension		
Veteran's Affairs Pension/Disability		
Employment Income		
Alberta Works/Supports		
Other income - specify		

Other income – specify _____

Please provide a copy of your Canada Revenue Agency Notice of Assessment for the most recent tax year.



Assets- please list investments/assets and all interest/income derived from investments, real estate, RRSP's etc.

Investments/Assets Name	Interest/Income	
	Yearly (\$) _____	Monthly (\$) _____
_____	Yearly (\$) _____	Monthly (\$) _____
_____	Yearly (\$) _____	Monthly (\$) _____
_____	Yearly (\$) _____	Monthly (\$) _____
_____	Yearly (\$) _____	Monthly (\$) _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____

Do you presently own or rent your home? Own Rent

Please provide cost per month including rent/mortgage payment, heat, power & water: _____

If renting, please provide your present Landlord Name: _____

Address: _____ Phone: _____

Reasons for wanting to move: _____

If you have been given a "notice to vacate" please submit a copy of the notice & state the reason for eviction: _____

Personal Information:

Do you presently receive Home Care? Yes No

Do you require any mobility assistance/aids? Cane Walker Wheelchair Transfer Assistance

Are you able to administer your own medication? Yes No

Are you able to dress yourself? Yes No

Are you able to prepare meals for yourself? Yes No

Do you have any special dietary needs? Yes No If yes, please specify: _____

Are you able to do your own laundry? Yes No

Do you own a pet? Yes No If yes - name/type: _____

Hobbies and Interests: _____

References (no relatives please):

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____



I/we hereby certify that the foregoing, and the particulars thereof, is true and correct information regarding myself/ourselves.

Pursuant to the Freedom of Information and Protection of Privacy Act ("FOIP"), by signing this application form, I give the Smoky Lake Foundation my consent to make inquiries of, and collect personal information from, other persons, organizations including social and government agencies as necessary to verify the information on this application. I authorize any person, corporation, or other organization, including any social or government agency, to release to the Smoky Lake Foundation any information pertinent to the Smoky Lake Foundation's processing, verification, or assessment of this application. These persons may include, but are not limited to, landlords, employers, credit bureaus, and social and government agencies. This personal information is being collected by the Smoky Lake Foundation under the authority of Section 33(c) of FOIP. All personal information is collected by the Smoky Lake Foundation for the purpose of determining eligibility for Smoky Lake Foundation and related housing programs, carrying out Smoky Lake Foundation programs, activities or policies, and ensuring a safe and secure environment for all our clients. I understand that the Smoky Lake Foundation may also disclose information as authorized by FOIP to the Federal Government or the Provincial Government, for the purpose of carrying out programs, activities or policies regarding affordable housing strategies under their administration (e.g. research and evaluation) or to help the Smoky Lake Foundation receive provincial and/or federal funding. By signing this application form below, I consent to, and authorize the Smoky Lake Foundation to use and disclose my personal information as described in this paragraph.

The Smoky Lake Foundation may disclose this information about me/us if it is deemed to be required by law. I/we agree that the information received on this Application may be retained by the Smoky Lake Foundation.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please submit to the Administration Office or General Manager.

Bar-V-Nook Manor, Betty Elson
4504-52 Avenue, P.O. Box 179
Smoky Lake, AB T0A 3C0
PH: (780)656- 4217 Ext. 3
Fax: (780)656-4277

Vilna Lodge, Heidi Kugler-Kane
5404-50 Street, P.O. Box 130
Vilna, AB T0A 3L0
PH: (780)636-3545
Fax: (780)636-3555