

SMOKY LAKE FOUNDATION

Application for Residential Accommodation

Seniors Self Contained:

- Cedar Manor, 4408 & 4416 - 52 Avenue, Smoky Lake
- Golden Valley Villa, 4308 West Railway Drive, Smoky Lake
- Harmony Manor, 4907-51 Avenue, Vilna
- Spruce View Manor, 5410-50 Street, Vilna
- Sunrise Villa, 4316-52 Avenue, Smoky Lake
- Waskatenau Manor, 5137-51 Street, Waskatenau
- Pine Creek Manor, 5024-49 Street, Waskatenau

Community Housing:

- 5019-51 Avenue, Vilna
- 4310-54 Avenue, Smoky Lake
- 4309-55 Avenue, Smoky Lake

Name (in full) 1. _____ DOB (M/D/Y) _____

Name (in full) 2. _____ DOB (M/D/Y) _____

Address: _____ Postal Code: _____
Mailing Address, Street Address, Municipality, Province

Telephone Number: _____ Email Address: _____

Emergency Contact Name: _____ Phone: _____

of Emergency Contact Person Relationship to You: _____ Phone: _____

Name of Your Current Physician: _____ Phone: _____

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

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

Name: _____ Phone # _____

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		

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 \$ _____

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 own a pet? Yes No

Other related information you wish to provide:

References (no relatives please):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Pursuant to the Freedom of Information and Protection of Privacy Act ("FOIP"), by signing this application form below, 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.

1. Signature: _____ Date: _____

2. Signature: _____ Date: _____