



**SENIOR CITIZENS APARTMENTS**  
**APPLICATION FOR ACCOMMODATION**

**\*\*PLEASE READ CAREFULLY\*\***

I understand that this application does not constitute an agreement on the part of Beaver Foundation, or its agents, to provide me with rental accommodation.

I further acknowledge the right Beaver 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 hereby authorize Beaver Foundation, or its agents to investigate any or all of the statements made herein, being fully aware, that discovery or any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise Beaver 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 person named within this application.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date



# APPLICATION FOR ADMISSION SENIORS SELF CONTAINED HOUSING

This form is created following the Alberta Housing Act.

**FOR OFFICE USE ONLY**

Date of Application: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Priority Rating: \_\_\_\_\_ Date Move in: \_\_\_\_\_ Date Move Out: \_\_\_\_\_

**PLEASE PRINT ALL ANSWERS**

Please return filled out forms to the Managers office as soon as possible in order for the applicant to be placed on waiting list, if there are no vacancies.

**NOTE: ALL INCOME MUST BE VERIFIED UPON ACCEPTANCE AS A TENANT**

1. Which facility are you applying to move into:

\_\_\_\_\_ Beaver Manor  
Ph: 780-336-3353  
Fax: 780-336-3591  
Email: vialta09@telus.net

\_\_\_\_\_ Northview Manor  
Ph: 780-688-3817  
Fax: 780-688-2364  
Email: holdenlodge@mcsnet.ca

\_\_\_\_\_ Ryley Lions Golden Manor I  
Ph: 780-688-3817  
Fax: 780-688-2364  
Email: holdenlodge@mcsnet.ca

\_\_\_\_\_ Ryley Lions Golden Manor II  
Ph: 780-688-3817  
Fax: 780-688-2364  
Email: holdenlodge@mcsnet.ca

\_\_\_\_\_ Beaverhill Heritage Apartments  
Ph: 780-662-3477  
Fax: 780-662-7624  
Email: tofieldl@telus.net

2. Notice of Assessment has been included with application? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL INFORMATION:**

3. Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

S.I.N. No: \_\_\_\_\_ Length of Residence in Alberta: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Widow \_\_\_\_\_ Single \_\_\_\_\_ Common-Law \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

S.I.N. No: \_\_\_\_\_ Length of Residence in Alberta: \_\_\_\_\_

4. Are you a: Canadian Citizen \_\_\_\_\_ Landed Immigrant: \_\_\_\_\_ or \_\_\_\_\_ ?

5. Verification of Canadian Citizenship: Birth Certificate \_\_\_\_\_ Citizenship Card \_\_\_\_\_

Verification by Social Insurance No. \_\_\_\_\_

**INCOME INFORMATION:**

6. If you are on Social Assistance, please state the name and office address of your Social Worker:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

7. If you or your spouse have employment income(s), state the name(s) and address(es) of the employer(s):

a) Name of your employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

b) Name of your spouse's employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

**ACCOMMODATION INFORMATION:**

8. Is your present accommodation a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_

Motel \_\_\_\_\_ Hotel \_\_\_\_\_ Other: \_\_\_\_\_

9. Do you own or rent your present accommodation: Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_

a) \$ \_\_\_\_\_ Present rent or house payment per month.

b) \$ \_\_\_\_\_ Heat per month.

c) \$ \_\_\_\_\_ Power per month.

d) \$ \_\_\_\_\_ Water per month.

e) \$ \_\_\_\_\_ Sewer per month.

10. If you rent your present accommodation:

Name of your present landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**CONDITIONS OF CURRENT ACCOMADATIONS**

11. Rooms in your present accommodation: Kitchen \_\_\_\_\_ Living Room \_\_\_\_\_

Dining Room \_\_\_\_\_ # of Bathroom(s) \_\_\_\_\_ # of Bedroom(s) \_\_\_\_\_

12. Are your shower and/or bathtub, toilet, and washbasin all located in your bathroom?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please give details: \_\_\_\_\_

\_\_\_\_\_

13. Are your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please give details: \_\_\_\_\_

\_\_\_\_\_

14. Number of person(s) sharing your present accommodation:

Adults \_\_\_\_\_ Children \_\_\_\_\_

15. Do you share with other occupants the use of the kitchen, the bathroom, or your bedroom?

a) If yes, number of person(s) sharing the kitchen \_\_\_\_\_

b) If yes, number of person(s) sharing the bathroom \_\_\_\_\_

c) If yes, number of person(s) sharing the bedroom \_\_\_\_\_

16. Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind(s) and how many of each? \_\_\_\_\_

\_\_\_\_\_

**MOVING INFORMATION:**

17. Reasons for wanting to move: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you have been given “Notice to Vacate”, please submit a copy of the notice and state the reason for eviction:**

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**ADDITIONAL INFORMATION:**

18. Please state any Physical Disabilities: \_\_\_\_\_

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19. For applicants that wish to provide Other related information: \_\_\_\_\_

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**Name and Address of Responsible Relative or Friend to Be Notified in Case of Emergency.**

**\*Please list contacts in order, beginning with the person you would like us to call first\***

- 1) Responsible Party: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_
- 2) Responsible Party: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_
- 3) Responsible Party: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, certify that the foregoing is correctly answered and I agree to abide by all rules and regulations as approved by the Beaver Foundation Board of Directors. I am aware that if Beaver Foundation feels that I am unable to manage on my own or with Home Care Assistance, I will be required to locate appropriate accommodations that will meet my health requirements. I authorize the Beaver Foundation to release medical information to the appropriate medical personnel to assure my immediate health and safety.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date



2. Is the applicant suffering from chronic disease, which incapacitates them to the point where they require special care? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

3. Does the applicant use oxygen: Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, to what degree \_\_\_\_\_

\_\_\_\_\_

4. Activities of Daily Life

Activities of Daily Life	Full Assistance Needed	Partial Assistance Needed	Supervision Only	None Needed
Washing face & hands				
Grooming & shaving				
Dressing				
Bathing				
Feeding				
Toileting				
Use of incontinent supplies				

	Complete	Partial	Occasional	None
Bladder Incontinence				
Bowel Incontinence				

Catheter: Yes \_\_\_\_\_ No \_\_\_\_\_ Colostomy: Yes \_\_\_\_\_ No \_\_\_\_\_

5. Intellectual Level of Functioning:

	Yes	At Times	No
Cooperative			
Aggressive			
Tendencies to Wander			

	Yes	At Times	No
Confused			
Destructive			
Unpleasant habits			

6. Does the applicant show any signs of Dementia: Yes \_\_\_\_\_ No \_\_\_\_\_.If so to what degree:

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7. Do you consider this applicant to be suitable mentally and physically to look after him/herself in an apartment building where no special care, nursing care, or special diets are available? \_\_\_\_\_

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**Medical Diagnosis:**

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**History:**

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**Medications:**

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**Allergies or Drug Intolerance:**

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Has there ever been substance abuse: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Explain: \_\_\_\_\_

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How many times has the applicant been admitted to a Health Care Facility in the last six months:

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Any Other Comments

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Physician Signature

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Date

**\*Any charge for the completion of this form is the responsibility of the Applicant\***

**\*\*This certificate is valid for six months only\*\***

Please do not return the form to the applicant, but fax directly to the facility manager at the location specified below. For mailing address, please call the phone number listed for the facility.

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Beaver Manor

Phone No: 780-336-3353

Fax: 780-336-3591

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Northview Manor

Phone No: 780-688-3817

Fax: 780-688-2364

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Ryley Lions Golden Manor I

Phone No: 780-688-3817

Fax: 780-688-2364

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Ryley Lions Golden Manor II

Phone No: 780-688-3817

Fax: 780-688-2364

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Beaverhill Heritage Apartments

Phone No: 780-662-3477

Fax: 780-662-7624