

## Rocky Senior Housing Council

5427- 52 Avenue

Rocky Mountain House, AB

T4T 1S9

Telephone: 403-845-3588 Fax: 403-845-2228

E-mail: [wvlodge@telusplanet.net](mailto:wvlodge@telusplanet.net)

Visit our website: [www.rockyseniors.com](http://www.rockyseniors.com)

Attached is an application form for accommodation in one of the self-contained apartment buildings for senior citizens which are owned by Alberta Seniors and managed by the Rocky Senior Housing Council.

Also enclosed is a medical form for your doctor to complete and return directly to us. When making the appointment for your medical, please let them know it is for a "medical". This makes sure that enough time is booked for the appointment with your doctor.

The Council manages five projects. In Rocky Mountain House, Acton House, built in 1978, is a complex of twenty units of row housing. Each unit has its own outside front door and a patio at the back. The Amenity Building situated at the centre of the complex contains laundry facilities, a lounge/ games room and kitchen for tenant use. Columbus Place, built in 1988 with an addition added in 1994, is a three storey apartment building containing 35 one bedroom apartments and a handicapped one bedroom apartment, located close to shopping and doctors, hospital and other amenities. Day Manor, built in 1982, is an eight suite one- bedroom apartment building. This is a security lock building and can only be entered by key or buzzer system at front door. There is a central lounge and laundry facility.

In Leslieville, McLeod Manor, built in 1983, consists of four one- bedroom units. Located close to Community Centre, grocery shopping and post office.

In Caroline, Mountain Sunset Manor, built in 1981, is an eight- suite apartment building. This is a security lock building and can only be entered by key or buzzer system at the front door. There is a central lounge and laundry facility.

Apartments in the above buildings are each approximately 720 square feet. Applications for all these buildings are rated according to a point system approved by Alberta Seniors, which takes into account the physical, financial and present housing situation of the applicant(s). The application showing the highest point score (and therefore, the greatest need for this type of housing) would be given priority when a vacancy occurs. Rent is 30% of the tenants' income.

“Income” includes pensions, interest on investments, rental income from real estate, etc.

It should be noted that there is a “ceiling” on the rental amount, based on the market rent of the area. The minimum amount of rent to be paid is \$92.00 per month. Tenants are also levied charges for power, cable TV and a parking stall, if they require one.

Persons wishing to rent this subsidized housing must sign a statutory declaration that they are making full disclosure of their financial circumstances. Eviction can result from deliberate non- disclosure of income. An annual review of income is required to establish the rent for the upcoming year.

It should be noted that only housing is provided in any of these self-contained units. No nursing care or meal service is provided. Tenants must be self sufficient, able to prepare their meals and meet their own daily needs. It should be clearly understood that a staff member does not make a daily check on the tenants.

If you decide to apply for accommodation in one of our units, please complete the application form. You should include a photocopy of your latest income tax return with your application and complete the “Assets” section of the form.

The front portion of the form must be signed in front of a Commission for Oaths (which can be done in our office). Please phone for an appointment before you come to our office with your completed application form.

Kathy Snyder, CAO

**ROCKY SENIOR HOUSING COUNCIL**

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**APPLICATION FOR ACCOMMODATION – SENIOR CITIZENS**

**(CONFIDENTIAL)**

**PLEASE READ CAREFULLY**

I understand that this is just an application and that it is not an agreement on the part of Rocky Senior Housing Council, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Rocky Senior Housing Council, 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 Rocky Senior Housing Council, 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 any further consideration of my application.

I further agree that I am obligated to advise Rocky Senior Housing Council, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

\_\_\_\_\_  
Signature of Witness

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

DOMINION OF CANADA)  
PROVINCE OF ALBERTA)

IN THE MATTER OF THIS APPLICATION FOR DWELLING  
ACCOMMODATION IN THE HOUSING PROJECT.

## Information Collection Notice

When you become a resident of **Westview Lodge/ Rocky Senior Housing**, or when you apply for tenancy with us, we will collect your contact information and other necessary personal information. It will be used to:

- Determine if you are eligible for housing with us
- Confirm: your identity, health and/ or eligibility for the service we provide
- Provide ongoing service to meet your needs

We may disclose your personal information:

- When there is proper documentation to confirm that the information is being requested on your behalf
- To medical caregivers to help them provide the service you need
- When permitted or required by law; or
- To a public authority if, in our reasonable judgment, there appears to be an imminent danger which could be avoided by disclosing the information.

If you have any questions about the collection of your personal information, call us at **403-845-3588** from **8:30am- 3:30pm**.

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ROCKY MOUNTAIN HOUSE, ALBERTA

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I, \_\_\_\_\_, of the town of Rocky Mountain House, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in this application;
2. That the statements made by me in this application are to the best of knowledge, information and belief, full and true in all respects;
3. That I have resided in the Province of Alberta for \_\_\_\_\_ years of my life and in the district for \_\_\_\_\_ years;

And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me \_\_\_\_\_ )  
 at the Town of Rocky Mountain House )  
 in the province of Alberta, \_\_\_\_\_ )  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ ) \_\_\_\_\_ Signature of Applicant

\_\_\_\_\_  
Commission for Oaths

My appointment expires on \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Commission for Oath

Day/Month/Year \_\_\_\_\_

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**PLEASE PRINT**

PLEASE ANSWER ALL QUESTIONS

1. Applicant's Name: \_\_\_\_\_  
(last name) (first name)

Present address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.(Including Area Code): \_\_\_\_\_

Date of birth (day/month/year): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Alberta Health Care number: \_\_\_\_\_

2. Co-applicant's Name: \_\_\_\_\_  
(last name) (first name)

Date of birth (day/month/year): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Alberta Health Care number: \_\_\_\_\_

3. Are you a:  Canadian Citizen  
 Landed Immigrant  
 Or other \_\_\_\_\_

4. Alternate Contact Person: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone No. (Include Area Code): \_\_\_\_\_

5. If you are on Social Assistance, please state the name and office address of your social worker

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

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

6. MONTHLY INCOME – All incomes must be verified upon acceptance as a tenant.

|                         | APPLICANT | CO-APPLICANT |
|-------------------------|-----------|--------------|
| Old Age Security        | _____     | _____        |
| Alberta Seniors Benefit | _____     | _____        |
| Spouse Allowance        | _____     | _____        |
| Canada Pension Plan     | _____     | _____        |
| Company Pension         | _____     | _____        |
| War Veterans Allowance  | _____     | _____        |
| War Disability Pension  | _____     | _____        |
| Employment Income       | _____     | _____        |
| Social Assistance       | _____     | _____        |
| Other Income: Specify   | _____     | _____        |
| _____                   | _____     | _____        |
| TOTAL                   | =====     | =====        |

ASSETS: Please list all investments/assets and interest/income derived from investments such as stocks, bonds, terms deposits, bank accounts, real estate, registered retirement savings plan, etc.

| INVESTMENT/ASSETS | INTEREST/INCOME |                  |
|-------------------|-----------------|------------------|
| _____             | Yearly \$ _____ | Monthly \$ _____ |
| _____             | Yearly \$ _____ | Monthly \$ _____ |
| _____             | Yearly \$ _____ | Monthly \$ _____ |
|                   | TOTAL \$ _____  | TOTAL \$ _____   |

7. If you and your co-applicant have employment income(s), please state the name(s) and address(es) of the employer(s).

Name of your Employer: \_\_\_\_\_

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

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

Name of Co-Applicant's Employer: \_\_\_\_\_

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

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

8. Do you own or rent your present accommodation:  Own  Rent

Present rent or house payment is \$ \_\_\_\_\_ per month, plus \$ \_\_\_\_\_ for heat and \$ \_\_\_\_\_ for light, water and sewer.

9. If renting,

Name of your present Landlord: \_\_\_\_\_

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

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

10. Is your present accommodation a:  House  Rooming House  
 Apartment—Elevator  Yes  No  
 Motel/Hotel  Other

11. Rooms in your present accommodation:

Kitchen  Living Room  Dining Room  
\_\_\_\_\_ Bathroom \_\_\_\_\_ Number of Bedrooms

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

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

13. Does any member of your household require accommodation adapted for a special (i.e. wheelchair accessibility, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

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

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

14. Do you share with other occupant the use of the kitchen, the bathroom, or your bedroom?  Yes  No

IF YES, Number of Person(s) sharing the kitchen \_\_\_\_\_

Number of Person(s) sharing the bathroom \_\_\_\_\_

Number of Person(s) sharing the bedroom \_\_\_\_\_

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

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

\_\_\_\_\_

16. Are your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen?

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

\_\_\_\_\_

17. Do you have a pet?  Yes  No

If YES, what kind(s) and how many of each? \_\_\_\_\_

18. 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 eviction: \_\_\_\_\_

\_\_\_\_\_

19. FOR APPLICANT'S USE

Other related information you wish to provide. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. PLEASE LIST YOUR 1<sup>ST</sup>, 2<sup>ND</sup>, AND 3<sup>RD</sup> CHOICES:

\_\_\_\_\_ Acton House, Rocky Mountain House

\_\_\_\_\_ Columbus Place, Rocky Mountain House

\_\_\_\_\_ Day Manor, Rocky Mountain House

\_\_\_\_\_ McLeod Manor, Leslieville

\_\_\_\_\_ Mountain Sunset Manor, Caroline

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WHEN YOU BOOK  
THE APPOINTMENT  
PLEASE LET THEM  
KNOW THAT IT IS  
FOR A “MEDICAL”.

This makes sure that enough time is booked for the appointment with your Doctor.

\* \* \* \* \*

\* \* \* \* \*

TO: ATTENDING PHYSICIAN

Do not return this medical certificate to the applicant. Please complete and return directly to:

ADMINISTRATOR-**ROCKY SENIOR HOUSING COUNCIL**  
5427 – 52 Avenue  
ROCKY MOUNTAIN HOUSE, AB T4T 1S9

I, \_\_\_\_\_ HEREBY CONSENT TO THE RELEASE OF THIS INFORMATION TO ROCKY SENIOR HOUSING COUNCIL AS PART OF MY APPLICATION TO WESTVIEW LODGE/SELF CONTAINED UNITS (SCU).

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date



Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

Date of Examination \_\_\_\_\_

Is the Applicant able to walk two blocks with ease? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does the Applicant require Home Care assistance? If yes, please specify needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Applicant suffering from any chronic disease? If answer is yes, please explain in detail. \_\_\_\_\_

\_\_\_\_\_

Past or present medical illness. \_\_\_\_\_

\_\_\_\_\_

Past or present surgery. \_\_\_\_\_

\_\_\_\_\_

Habits: Smokes \_\_\_\_\_ Drinks \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

Does the Applicant show any sign of senility? If yes, to what degree?

\_\_\_\_\_

\_\_\_\_\_

Bowel Continence \_\_\_\_\_ Bladder Continence \_\_\_\_\_

Walking Aids \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Mandatory Chest x-ray \_\_\_\_\_

Other remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATTENDING PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE  
INCLUDE AREA CODE \_\_\_\_\_