



ROCKY SENIOR HOUSING COUNCIL

5427- 52 AVENUE

ROCKY MOUNTAIN HOUSE, ALBERTA

T4T1S9

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

E-mail: wvlodge1@gmail.com

Visit our website: www.rockyseniors.com

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

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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I, _____, of the _____ of _____, 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 _____ of _____
(town or city) (name of city or town)

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



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PLEASE PRINT

PLEASE ANSWER ALL QUESTIONS

APPLICATION FOR OCCUPANCY

Full Name: _____
Surname (Please Print) First Name

Mailing Address: _____

Telephone No. (Including Area Code): _____

Date of Birth (Month- Day- Year): _____

Social Insurance Number: _____

Alberta Health Care Number: _____

CO- APPLICANT (IF APPLICABLE)

Full Name: _____
Surname (Please Print) First Name

Date of Birth (Month- Day- Year): _____

Social Insurance Number: _____

Alberta Health Care Number: _____

ROCKY SENIOR HOUSING COUNCIL

Please provide an alternate contact person.

Person to Contact: _____

Relationship to Applicants: _____

Address: _____

Telephone No. (Including Area Code): _____

1. Total from Line 150 of your income tax return: \$_____

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

3. Present rent or house payment: \$_____/ month

4. On average, how much do you pay for utilities: \$_____/ month

5. Is your present accommodation a: House Rooming House
 Apartment Motel/ Hotel
 Other _____

6. Number of person(s) sharing your present accommodation:
____ Adults _____ Children

7. Do you smoke: Yes No

8. Reasons for wanting to move to a Senior's Self Contained apartment:

9. Is there any other information you wish to provide:

10. PLEASE LIST YOUR 1ST, 2ND, AND 3RD CHOICES:

ALL OF OUR PROJECTS ARE NON SMOKING AND NO PETS!

_____ **ACTON HOUSE, ROCKY MOUNTAIN HOUSE**
(20 UNITS- ROW HOUSING)
(Rent cap: \$735.00)

_____ **COLUMBUS PLACE, ROCKY MOUNTAIN HOUSE**
(THREE STOREY APARTMENT BUILDING- 36 UNITS)
(Rent cap: \$735.00)

_____ **DAY MANOR, ROCKY MOUNTAIN HOUSE**
(8 UNITS- SECURE BUILDING ENTRY ONLY BY KEY OR BUZZER SYSTEM)
(Rent cap: \$735.00)

_____ **MCLEOD MANOR, LESLIEVILLE**
(4 UNITS- ROW HOUSING)
(Rent cap: \$500.00)

_____ **MOUNTAIN SUNSET MANOR, CAROLINE**
(8 UNITS- SECURE BUILDING ENTRY ONLY BY KEY OR BUZZER SYSTEM)
(Rent cap: \$605.00)

ROCKY SENIOR HOUSING COUNCIL

**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**
5427 – 52 Avenue, ROCKY MOUNTAIN HOUSE, AB T4T 1S9
Telephone: 403-845-3588 Fax: 403-845-2228
Email: wvlodge1@gmail.com

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).

Signature of Applicant Date

NOTE TO EXAMINING PHYSICIAN:

If this is an Apartment (Self Contained) applicant; they MUST be able to manage ALL day to day living needs on their own including scheduling home care and medical appointments.

Name of Applicant _____ Age _____

Date of Examination _____

Is 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? _____

Walking Aids _____ Vision _____ Hearing _____

Other remarks: _____

Do you consider your patient to be suitable mentally and physically to enter an APARTMENT where they are responsible for their own daily living needs:

_____YES _____NO

RATING OF ACCEPTABILITY: A) _____, B) _____, C) _____, D) _____

- A) Totally
- B) Defects present, but controlled medically or surgically
- C) Doubtful, because of senile changes, unclean habits
- D) Unacceptable, chronic invalid, etc.

SIGNATURE OF PHYSICIAN: _____

ADDRESS: _____

TELEPHONE
INCLUDE AREA CODE: _____