

APPLICATION FOR ACCOMMODATION-SENIOR CITIZENS

(CONFIDENTIAL)

PLEASE READ CAREFULLY

I understand that this application does not constitute an agreement on the part of _____

CHINESE ELDERS MANSION, or its agents, to provide me with rental accommodation.

I further acknowledge the right of CHINESE ELDERS MANSION, 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 CHINESE ELDERS MANSION, or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree that I am obligated to advise CHINESE ELDERS MANSION, 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 PERSONS NAMED WITHIN THIS APPLICATION.

WITNESS

APPLICANT

DOMINION OF CANADA)

IN THE MATTER OF THIS APPLICATION FOR DWELLING

PROVINCE OF ALBERTA)

ACCOMMODATION IN THE HOUSING PROJECT

TO WITNESS)

I, _____, of the _____

of _____, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in the said application;
2. That the statements made by me in the said application are to the best of my 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 CITY of EDMONTON

in the Province of Alberta,

this _____ day of _____, _____.

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

My Appointment expires on _____

Printed Name of Commissioner for Oaths

Day/ Month/Year

NOTE: PLEASE ANSWER ALL QUESTIONS

1. Applicant's name: _____
(Surname) (Given Name)

Date of Birth: _____ Social Insurance No: _____

Alberta Health Care No: _____

2. Spouse's Name: _____
(Surname) (Given Name)

Date of Birth: _____ Social Insurance No: _____

Alberta Health Care No: _____

3. Are you a Canadian Citizen
 Landed Immigrant
 or _____

4. Present Address: _____
(P.O. Box/ Apartment No. / Street)

(City/ Town/ Village) (Postal Code)

Home Telephone : _____

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

Name: _____

Address: _____

6. MONTHLY INCOME

	HEAD \$	SPOUSE \$
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Assured Income Supplement	_____	_____
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, term deposits, bank accounts, real estate, etc.

INVESTMENTS/ASSETS	INTEREST/INCOME	
_____	Yearly \$ _____	Monthly \$ _____
_____	Yearly \$ _____	Monthly \$ _____
_____	Yearly \$ _____	Monthly \$ _____
TOTAL _____	Yearly \$ _____	Monthly \$ _____

NOTE: All incomes must be verified upon acceptance as a tenant.

7. If you or your spouse 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 your Spouse'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 Apartment Rooming House Motel or Hotel

Or Other _____

11. Room 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. Do you share with other occupants 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 _____

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

Yes No If NO, please give details: _____

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

Yes No If NO, please give details: _____

16. Do you have a pet? Yes No

If Yes, what kind(s) and how many of each? _____

17. Reasons for wanting to move: _____

If you have been given a "NOTICE OF VACATE", please submit a copy of the notice and state the reason for eviction: _____

18. Please state any Physical Disabilities: _____

Family Doctor's : Name : _____

Address: _____

Telephone No: _____

19. FOR APPLICANT'S USE

Other related information you wish to provide
