

Dear Prospective Tenant,

Please find enclosed the application form and the medical form, which require completion in order to have your name placed on our waiting list for housing.

Please provide the following information and documents:

*A completed application form.

Our Admissions Supervisor is a **Commissioner for Oaths** and will witness your application free of charge.

*A copy of your most recent **“Notice of Assessment” Tax Form**, showing Line 150;

*If you have **RRSPs** or **RIFs** – proof of any savings/money withdrawn during the previous tax year.

*If you have an **Annuity** – proof any amount withdrawn which is principal

*A completed Bishop O’Byrne Housing for Seniors Assn. medical form signed by your Doctor. **This form may be faxed to 403-255-8468.**

In order to be placed on our waiting list applicants must arrange an interview with the Admissions Supervisor.

If you have any questions, and to arrange an interview, please leave a message at our Admissions Office 403-284-0622.
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Thank you for your interest in obtaining housing with Bishop O’Byrne Housing for Seniors Association.

Yours truly,

Betty

Admissions Supervisor

This personal information is being collected under the authority of the Alberta Housing Act and Alberta Regulation (Social Housing Accommodation Regulation) and will be used to evaluate the need and Eligibility for subsidized senior citizen housing. Collection is authorized by Section 32 of the Freedom of Information and Protection of Privacy Act

NOTE: PLEASE ANSWER ALL QUESTIONS

1. Applicant's Name:

_____ (Last Name) (First Name)

Date of Birth: _____ HealthCare # _____
Day, Month, Year

2. Co-Applicant's Name:

_____ (Last Name) (First Name)

Date of Birth: _____ Health Care # _____
Day, Month, Year

3. Are you a: € Canadian Citizen € Landed Immigrant € Sponsored Immigrant or _____

If Sponsored Immigrant: type and year of sponsorship _____

4. Present Address:

_____ (P.O.Box /Apartment No./Street)

_____ (City/Town/Village) (Postal Code)

Telephone: _____ Telephone: _____

Alternate Contact Person:

_____ (Name) (Telephone No.) (Relation)

5. Are you on: Social Assistance: yes ___ no ___ AISH: yes ___ no ___

If social assistance name of social worker:

Name: _____ Phone No: _____

6. ANNUAL INCOME - All income amounts must be verified upon acceptance.

Line 150 of your most recent Income Tax "Notice of Assessment"	Applicant	Co-applicant
	\$ _____	\$ _____

RRSP, RIF withdrawals during most recent Tax year	\$ _____	\$ _____
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Principal portion of annuity payments	\$ _____	\$ _____
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ASSETS: Please list your investments/assets such as stocks, bonds, term deposits, bank accounts, real estate, foreign investments/bank accounts etc.

(pension funds, RRSPs and RIFs are not included in assets)

INVESTMENTS/ASSETS

_____	_____
_____	_____
_____	_____
_____	_____

Home: Estimated Net Equity: _____

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

_____	_____
Name of your Employer:	Telephone Number

_____	_____
Name of Co-Applicant's Employer:	Telephone Number

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

Present rent or house payment is \$ _____ per month, plus \$ _____ for heat

\$ _____ for light, and \$ _____ for water and sewer.

9. If renting, name and phone number of your present Landlord in order to obtain a reference.

Name _____

Address: _____ Telephone No.: _____

How long have you resided here? _____ months/years.

- Please provide name and phone number of your previous Landlord in order to obtain a reference if you have been less than 3 years at your present address.

Name _____	Phone _____
Company or Manager	

How long did you reside there? _____ months/years.

10. Is your present accommodation € House € Cottage € Rooming House € Motel/Hotel
€ Other _____

Stairs: Yes ___ No ___ Elevator : ___ Yes ___ No

11. Rooms in your present accommodation: € Kitchen € Living Room € Dining Room

_____ Number of Bathroom(s) _____ Number of Bedrooms

12. Number of person(s) sharing your present accommodation: **(Other than yourself.)**

_____ Adults _____ Children

13. Does any member of your household require accommodation adapted for a special need? If so, what
11/12/08

type? (i.e., wheelchair accessibility, etc)

14. 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 bathroom _____

Number of Person(s) sharing the bedroom _____

16. Is your shower and/or bathtub, toilet and washbasin all located in your bathroom?

Yes No →→→

If NO, please give details: _____

17. Is your stove, refrigerator, cupboards; counter space and sink, all located in your kitchen?

Yes No →→→ If NO, please give details:

18. Do you smoke? Yes _____ No _____

All leases with Bishop O'Byrne Housing for Seniors Assn. which came into effect since January 2007 have a non smoking clause.

20. Reasons for wanting to move: _____

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

21. Do you own a vehicle? Yes _____ No _____

If Yes: Make: _____ Model: _____ Year _____

22. FOR APPLICANT'S USE

Other related information you wish to provide. Please attach another sheet if required.

Please check the addresses below for the buildings which interest you:

- Anthonian Court
5320 – 4th St. SW
- Carroll Place
1540 Northmount Drive NW
- Columbus Manor
40 – 11A St. NE
- Columbus Village
40 11A St NE
- Crossroads Court
1720 14 Ave NE
- Francis Klein Centre
240 – 92 Ave. SE
- St. James Court
2040 – 54 Ave. SW
- St Pauls Villa
3211 Edmonton Trail NE

**Admissions Office: 510 - 1540 Northmount Drive NW
Calgary, Alberta
T2L 0G6**

**Admissions Supervisor:
Betty
403-284-0622**

Interviews are conducted at 1540 Northmount Drive NW.