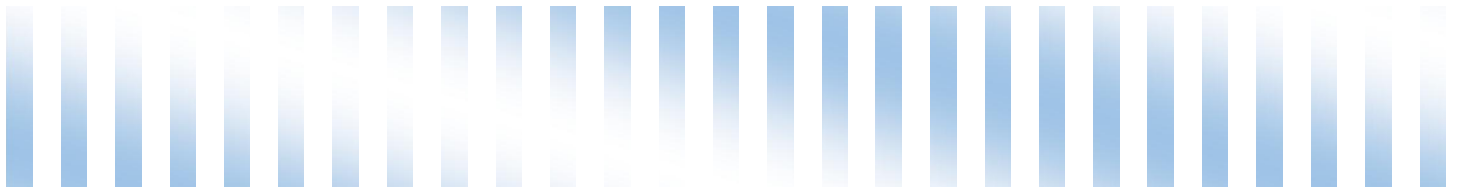


# APPLICATION FORM

## SENIORS SUBSIDIZED APARTMENTS

- Each applicant should be age 65 or over
- Each applicant must be functionally independent
- Each applicant must have a core housing need (low to moderate income)
- Rent is based on 30% of gross household income (before deductions)



Rimoka Housing Foundation—Ponoka

5608 57 Ave (Admin Office)

Ponoka AB T4J 1P2

Phone: 403-783-3940

Fax: 403-783-6656

Rimoka Housing Foundation—Rimbey

4417 Rimstone Drive / PO Box 740

Rimbey AB T0C 2J0

Phone: 403-843-2376

Fax: 403-843-3564

Email—[rimoka@telus.net](mailto:rimoka@telus.net)

Website—[www.rimokahousing.ca](http://www.rimokahousing.ca)

Office Use Only

Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

**APPLICATION FORM - Seniors Housing**  
**(CONFIDENTIAL PLEASE READ CAREFULLY)**

PLEASE PRINT AND ANSWER ALL QUESTIONS

1. APPLICANT'S NAME: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Alberta Health Care No: \_\_\_\_\_ (DD/MM/YYYY)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

2. CO-APPLICANT'S NAME: \_\_\_\_\_  
(Last Name) (First Name)

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

Alberta Health Care No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

3. Alternate Contact Person \_\_\_\_\_  
(Name) (Telephone Number)

4. Are you a Canadian Citizen?  Yes  No If No, provide copies of immigration papers.

5. Present Address:

a.) Street Address: \_\_\_\_\_

(Municipality)

(Postal Code)

b.) Mailing Address: \_\_\_\_\_

(Municipality)


(Postal Code)

6. Do you rent or own your present accommodation? Rent  Own

7. Present rent or house payment is \$ \_\_\_\_\_ per month

8. Do you pay for Electricity  Water & Sewer  Heat

9. If renting, Present Landlord's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 What date did you move to this address? \_\_\_\_\_
10. PRESENT ACCOMMODATIONS:  
 House  Townhouse  Apartment  Rooming House   
 Hotel/Motel  Other \_\_\_\_\_
11. Rooms in your present accommodation include: Kitchen  Living Room  Dining Room   
 Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_
12. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom? Yes  No   
 If no, specify \_\_\_\_\_
13. Is your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen? Yes  No   
 If no, specify \_\_\_\_\_
14. Do you share any part of this accommodation with person(s) other than those in this application?  
 Yes  No  If yes, how many other persons? No. of adults \_\_\_\_\_ No. of children \_\_\_\_\_  
 What part of the accommodation is shared? \_\_\_\_\_
15. Does any member of your household require accommodation adapted for a special need?  
 Yes  No  If yes, specify \_\_\_\_\_
16. Do you have a pet? Yes  No  If yes, what type of pet \_\_\_\_\_  
*The Rimoka Housing Foundation does not allow pets in our facilities*
17. Have you rented subsidized housing before? Yes  No  When? \_\_\_\_\_  
 Where? \_\_\_\_\_
18. Reasons for wanting to move: Health  Safety  Financial  Location  Eviction  Other

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

19. Please use the following space to describe your present accommodation and to provide any additional information you would like us to be aware of which would assist in assessing your application. (Please use a separate sheet if more space is required).

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20. Family Doctor Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

21. Emergency Contact Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

22. Driver's License #: Applicant \_\_\_\_\_ Co-applicant: \_\_\_\_\_

Vehicle (1) \_\_\_\_\_  
Year                      Make                      Model                      Color                      License Plate

Vehicle (2) \_\_\_\_\_  
Year                      Make                      Model                      Color                      License Plate

23 ASSETS

Please list the total value of all assets and investments as well as interest or income from investments. Provide statements and tax slips for verification.

Assets	Dollar Value
House	\$
Vehicle (1)	\$
Vehicle (2)	\$
Recreation Vehicles (Boat, Motorhome, etc)	\$
Real Estate	\$
Other—Specify	\$
Other—Specify	\$

**NOTE: Essential personal and household effects such as clothes, furniture, etc. are not included in assets.**

**24. STATEMENT OF INCOME**

*All information regarding your family's income must be complete and accurate and be verified by the most recent Notice of Assessment, the Income Tax Return and/or a current Bank Statement.*

<b>FINANCIAL INCOME</b>	<b>APPLICANT</b>	<b>CO_APPLICANT</b>
<b>1. Old Age Security</b>		
<b>2. Guaranteed Income Supplement</b>		
<b>3. Alberta Seniors Benefit</b>		
<b>4. Canada Pension Plan (Widow, Orphan)</b>		
<b>5. Company Pension</b>		
<b>6. Veterans Allowance</b>		
<b>7. War Disability Pension</b>		
<b>8. AISH</b>		
<b>9. Income Supports</b>		
<b>10. Alimony</b>		
<b>11. Interest</b>		
<b>12. Other Income—Specify</b>		
<b>SUB-TOTAL MONTHLY INCOME</b>		

<b>INVESTMENTS</b>		
<b>1. Bank Accounts—Chequing &amp; Savings</b>		
<b>2. R.R.S.P.'s</b>		
<b>3. R.R.I.F.'s</b>		
<b>4. Term Deposits/GIC's</b>		
<b>5. Stocks</b>		
<b>6. Bonds</b>		
<b>7. Annuities</b>		
<b>8. Other—Specify</b>		
<b>SUB-TOTAL INVESTMENT INCOME</b>		
<b>TOTAL MONTHLY INCOME</b>		

25. EMPLOYMENT INCOME

If you or your co-applicant have employment income please complete the table below and provide verification documentation.

APPLICANT

Company Name	Address	Date of Employment (To/From)	Gross Monthly Pay	Hourly Rate	Hours per Week

CO-APPLICANT

Company Name	Address	Date of Employment (To/From)	Gross Monthly Pay	Hourly Rate	Hours per Week

**\*\*Details of self-employment must be outlined by the submission of a financial statement subject to review by the Housing Authority.**

26. FOR APPLICANT'S USE

Other related information you wish to provide. Attach a separate sheet if more space is needed.

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*The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 33c. The information is collected pursuant to the provisions of the Alberta Housing Act and Alberta Residential Tenancies Act. All information collected for this purpose will be kept confidential and is for the purpose of requesting tenancy with the Rimoka Housing Foundation. If you have any questions about the collection and use of the information please contact the CAO at 403.783.0128.*

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

I further acknowledge the right of RIMOKA HOUSING 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 RIMOKA HOUSING FOUNDATION, or its agents, to investigate any or all of the statements made herein, 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 RIMOKA HOUSING FOUNDATION or its agents, in writing, of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.

I further agree the information provided by me pertains to all persons named within this application.

I further agree to give permission for current or past landlords and employers to release any information which directly affects this application for subsidized housing.

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

\_\_\_\_\_  
Signature of Co-Applicant

This application will not be processed, unless all questions are fully answered and most recent tax year's notice of assessment is included.

**APPLICANTS WILL BE SEEN BY APPOINTMENT ONLY**

*Applications will be kept on file for one year. If you wish to remain on the waitlist you MUST re-apply prior to the one year, or you will be removed from the waitlist.*

