



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

Website—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:

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. Have you ever been convicted or charged with a criminal offense? Yes No

6. Present Address: a.) Street Address: (Municipality) (Postal Code)

b.) Mailing Address: (Municipality) (Postal Code)

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

8. Present rent or house payment is \$ per month

9. Do you pay for Electricity Water & Sewer Heat

10. If renting, Present Landlord's Name: _____
 Address: _____
 Phone Number: _____
 What date did you move to this address? _____
11. PRESENT ACCOMMODATIONS:
 House Townhouse Apartment Rooming House
 Hotel/Motel Other _____
12. Rooms in your present accommodation include: Kitchen Living Room Dining Room
 Number of Bedrooms _____ Number of Bathrooms _____
13. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom? Yes No
 If no, specify _____
14. Is your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen? Yes No
 If no, specify _____
15. 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? _____
16. Does any member of your household require accommodation adapted for a special need?
 Yes No If yes, specify _____
17. Do you have a pet? Yes No If yes, what type of pet _____
The Rimoka Housing Foundation does not allow pets in our facilities
18. Have you rented subsidized housing before? Yes No When? _____
 Where? _____
19. 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: _____

20. 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).

21. Family Doctor Name: _____

Address: _____

Telephone Number: _____

22. Emergency Contact Name: _____ (PRIMARY CONTACT) _____ (SECONDARY CONTACT)

Address: _____

Telephone Number: (home) _____

(work/cell) _____

Email: _____

Relationship to Applicant: _____

23. Driver's License #: Applicant _____ Co-applicant: _____

Vehicle (1)	Year	Make	Model	Color	License Plate
_____	_____	_____	_____	_____	_____

Vehicle (2)	Year	Make	Model	Color	License Plate
_____	_____	_____	_____	_____	_____

24. 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.

25. 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.

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

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

26. 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.**

27. FOR APPLICANT'S USE

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

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.

