

APPLICATION FOR ACCOMMODATION
Seniors Apartments

HOUSING & COMMUNITY SERVICES

WILD ROSE VILLA HERITAGE MANOR PARKVIEW PLACE (Camrose, AB)
HERITAGE HOUSE 1&2 LAKESIDE HOME (Bashaw)
BEAVER HOUSE (Ferintosh) NORDIC VILLA (New Norway)

(CONFIDENTIAL)
PLEASE READ CAREFULLY

I understand that this is application form and that it is not an agreement on the part of The Bethany Group, or its agents, to provide me with rental accommodation.

I further acknowledge the right of The Bethany Group, 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 The Bethany Group, 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 The Bethany Group, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

Signature of Witness

Signature of Applicant

“I understand that my application will not be accepted if it is not completed in full”

IN THE MATTER OF THIS APPLICATION FOR ACCOMMODATION,

I, _____, of the _____ of
_____, in the Province of Alberta 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 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.

Witness

Applicant

Date

Applicant

PLEASE RETURN COMPLETED FORM TO:

The Bethany Group
Seniors Housing
4612 - 53rd Street
Camrose, AB T4V 1Y6

Committed to Caring

The personal information being collected on this form is pursuant to the Freedom of Information for Protection and Privacy Act Section 32(c), 37(c), and 38(c). Information required on this application is in keeping with the Alberta Housing Act and the Social Housing Accommodation Regulations. Information acquired on this form will be kept secure and access is restricted. If you have any questions about the collection, contact the FOIP Coordinator at the Bethany Group Office, 4612-53 Street, Camrose, AB T4V 1Y6.

Please list the dollar value of all investments and assets that you own, and the income on a yearly, or monthly basis that is derived from these investments and assets. Examples of investments and assets are items such as bank accounts, term deposits and guaranteed investment certificates, R.R.S.P.s, annuities, stocks, bonds, etc. and rental real estate such as a farm or a house.

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

6. If you or your co-applicant 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 Co-applicant's Employer: _____

Address: _____ Telephone No. _____

7. Do you own or rent your present accommodation: Own _____ Rent _____
Present rent or house payment is \$ _____ per month, plus

\$ _____ for heat \$ _____ for light \$ _____ for water and sewer

If you own your own home, what would the value of it be? _____

8. If renting, name of your present Landlord: _____

Address: _____

Telephone No. _____

17. Reasons for wanting to move: _____

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

18. (Optional) Please state your building preference, if any
- | | |
|--|--|
| <input type="checkbox"/> Beaver House (Ferintosh) | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Heritage House 1 (Bashaw) | <input type="checkbox"/> Wild Rose Villa |
| <input type="checkbox"/> Heritage House 2 (Bashaw) | <input type="checkbox"/> Heritage Manor |
| <input type="checkbox"/> Lakeside Home (Bashaw) | <input type="checkbox"/> Parkview Place |
| | <input type="checkbox"/> Nordic Villa (New Norway) |

19. (Optional) If you have a building preference, please state why you would like to live in that building: _____

20. (Optional) Other related information you wish to provide: _____

SENIOR CITIZENS HOUSING

HOUSING & COMMUNITY SERVICES

APPLICANTS MEDICAL INFORMATION

This medical information is required by The Bethany Group for all applicants wishing to obtain tenancy in Senior Housing. Please ensure that a physician completes all required sections (with the exception of the "Authorization for Release of Information" section, which is to be completed by the applicant).

*****ANY COST ASSOCIATED WITH THE COMPLETION OF THIS FORM ***
IS THE RESPONSIBILITY OF THE APPLICANT**

- A. This Medical Information form is required by THE BETHANY GROUP with regard to all applicants seeking admission into self-contained senior citizen apartments. All information must be current within a six month time frame.**
- B. Once the applicant has signed the authorization, please DO NOT return the form to the applicant but mail directly to:**

**THE BETHANY GROUP
Seniors Housing
4612 53 Street
Camrose, AB T4V 1Y6**

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, hereby authorize and instruct _____
(applicant) (physician completing report)
to release the personal care information requested in this application. I understand that the information collected will be used to determine eligibility for Senior Housing with the Bethany Group.

Date: _____ Applicants Signature: _____

Witness: _____

9. Additional Comments:

CONTACT INFORMATION OF PHYSICIAN WHO COMPLETED THIS FORM:

Name: _____

(PLEASE PRINT)

Phone #: _____

Signature: _____

Date: _____

THE INFORMATION COLLECTED FOR THIS APPLICATION IS CONFIDENTIAL AND WILL ONLY BE USED FOR THE PURPOSE OF EVALUATING THE APPLICANT FOR ACCOMMODATION. THE BETHANY GROUP MAY REQUEST ADDITIONAL INFORMATION, OR AN UPDATED REPORT, IF DEEMED NECESSARY.

Revised March 18, 2009