



- 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)

***ALL units are smoke free.***

*Pets may be considered for some facilities; check with the Manager.*

**Please return completed Application Form to:**

4622 C&E Trail Lacombe, AB T4L 1M9

Tel: 403-782-4118

Fax: 403-782-4119

Email: [Housing.Lacombe@bethanygrp.ca](mailto:Housing.Lacombe@bethanygrp.ca)



**LACOMBE FOUNDATION OFFICE USE ONLY**

NAME: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**Applications can be dropped off at the following service centres during business hours:**

**Camrose Service Centre**

4612 – 53 Street, Camrose, AB T4V 1Y6

Tel: 780-679-2002

Fax: 780-679-3054

Email: [Housing.Camrose@bethanygrp.ca](mailto:Housing.Camrose@bethanygrp.ca)

Bashaw: Heritage House I & II \_\_\_\_\_  
 Lakeside Home \_\_\_\_\_  
 Camrose: Heritage Manor \_\_\_\_\_  
 Parkview Place \_\_\_\_\_  
 Wildrose Villa \_\_\_\_\_  
 Ferintosh: Beaver House \_\_\_\_\_  
 New Norway: Nordic Villa \_\_\_\_\_

**Wetaskiwin Service Centre**

300, 4501 – 60 Street, Wetaskiwin, AB T9A 1X7

Tel: 780-352-4435

Fax: 780-352-4458

Email: [Housing.Wetaskiwin@bethanygrp.ca](mailto:Housing.Wetaskiwin@bethanygrp.ca)

Millet: John A. Smith Manor \_\_\_\_\_  
 Wetaskiwin: Kiwanis Court \_\_\_\_\_  
 Legion Arms \_\_\_\_\_  
 Luther Manor \_\_\_\_\_  
 Wetaskiwin Meadows \_\_\_\_\_

**Lacombe Foundation Office**

4622 C&E Trail, Lacombe, AB T4L 1M9

Tel: 403-782-4118

Fax: 403-782-4119

Email: [Housing.Lacombe@bethanygrp.ca](mailto:Housing.Lacombe@bethanygrp.ca)

Alix: Lakeview Manor \_\_\_\_\_  
 Bentley: Oxford Court \_\_\_\_\_  
 Blackfalds: Tower Manor \_\_\_\_\_  
 Eckville: Golden Villas \_\_\_\_\_  
 Lacombe: Cameron Manor \_\_\_\_\_  
 Parkview Manor \_\_\_\_\_  
 Spruce Terrace \_\_\_\_\_  
 Mirror: Lamerton Place \_\_\_\_\_

**Flagstaff Service Centre**

4401 – 47 Street, Forestburg, AB T0B 1N0

Tel: 780-582-0007

Fax: 780-582-7392

Alliance: EO Lysne Manor \_\_\_\_\_  
 Bawlf: Sanden Court \_\_\_\_\_  
 Daysland: West Side Manor \_\_\_\_\_  
 Forestburg: Big Knife Villa \_\_\_\_\_  
 Galahad: Wheatland Manor \_\_\_\_\_  
 Hardisty: Parkland Manor \_\_\_\_\_  
 Heisler: Cozy Corner \_\_\_\_\_  
 Killam: Manitou Manor \_\_\_\_\_  
 Loughheed: Frontier Manor \_\_\_\_\_  
 Verdant Valley Villa \_\_\_\_\_  
 Sedgewick: Prairie Rose Place \_\_\_\_\_  
 Strome: Wavy Lake Manor \_\_\_\_\_

**Parkland Service Centre**

5804 - 50 Avenue, Innisfail, AB T4G 1C7

Tel: 403-227-4180

Fax: 403-865-4361

Email: [info@parklandfoundation.ca](mailto:info@parklandfoundation.ca)

Bowden: Bow-Glen Court \_\_\_\_\_  
 Westview Manor \_\_\_\_\_  
 Innisfail: Dodds Lake Manor \_\_\_\_\_  
 Poplar Grove Court \_\_\_\_\_  
 Penhold: Penhold Royal Manor \_\_\_\_\_

---

## PLEASE READ CAREFULLY

---

### ***Instructions for completing application:***

**Applications will not be processed unless all documentation is provided and all questions are fully answered.**

If a question does not apply to your situation, mark N/A in the section.

Please attach any other information that you would like us to be aware of.

**You are required to provide documentation to verify ALL income sources.**

Please attach the following:

- ✓ A copy of your most recent federal **Notice of Assessment**
- ✓ A copy of your most recent **Income Tax Return & Tax Receipts**
- ✓ Verification of your annual **Carbon Levy and GST Rebate** entitlement
- ✓ Verification of any benefits/pension you are currently receiving (**such as Alberta Senior's Benefit, Old Age Security, Private Pension, etc**) with a copy of your most recent bank statement, or a copy of the payment stub
- ✓ If you are currently employed, income must be verified with an **Income & Employment Verification Form** (attached)

It is your responsibility to contact this office to **report in writing any changes** in your circumstances such as family composition, contact information, financial information etc.

If a translator was required to complete this application, please provide the following:

---

Translator's Name

---

Telephone Number

*The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 33(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. 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 St., Camrose, AB T4V 1Y6. The phone number is (780) 679-2000.*

I understand this application does not constitute an agreement on the part of Lacombe Foundation or its agents to provide me with rental accommodation.

I further acknowledge the right of Lacombe 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 Lacombe 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 further consideration of my application.

I further agree that I am obligated to advise Lacombe 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.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

***To be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge at the time of your interview.***

DOMINION OF CANADA ) IN THE MATTER OF THIS APPLICATION FOR DWELLING  
PROVINCE OF ALBERTA ) ACCOMMODATION IN THE HOUSING PROJECT.  
TO WIT: )

I/We, \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_, in the Province of Alberta, do solemnly declare as follows:

1. That I am/we are the applicant(s) named in the said application;
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information, and belief, full and true in all respects;
3. That I/we have resided in the Province of Alberta for \_\_\_\_\_ years of my life/our lives, and in this district for \_\_\_\_\_ years.

And I/we 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 \_\_\_\_\_ of \_\_\_\_\_)

in the Province of Alberta, this \_\_\_\_\_ day)

of \_\_\_\_\_, 20\_\_\_\_\_)

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

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

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of Alberta

My appointment expires on: \_\_\_\_\_ Print or Stamp Name here: \_\_\_\_\_

---

# APPLICATION FOR SENIOR'S SUBSIDIZED ACCOMMODATION (CONFIDENTIAL)

---

Please answer all questions AND please print or type.

1. Applicant's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Preferred Name / Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
Month/Day/Year

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

Can we safely contact you at the phone numbers listed above? Yes  No

If not, what is the best way for us to reach you? \_\_\_\_\_

2. Co-applicant's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Preferred Name / Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
Month/Day/Year

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

3. Are the applicants listed above Canadian Citizens? Yes  No

If not, please provide copies of immigration papers.

4. Current Address: \_\_\_\_\_

\_\_\_\_\_ Municipality

\_\_\_\_\_ Postal Code

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_ Municipality

\_\_\_\_\_ Postal Code

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

If you own your home, what is the current market value of it? \$ \_\_\_\_\_

What is the current amount remaining on your mortgage? \$ \_\_\_\_\_

6. Monthly Mortgage/Rent payment \$ \_\_\_\_\_, plus \$ \_\_\_\_\_ for property taxes,  
\$ \_\_\_\_\_ for heat, \$ \_\_\_\_\_ for light, and \$ \_\_\_\_\_ for water and sewer.

If you do not pay rent, do you contribute financially? Yes  No

If yes, please specify: \_\_\_\_\_

7. Present Landlord Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Municipality \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
What date did you move to this address? \_\_\_\_\_

8. Present Accommodation: House  Townhouse  Apartment  Basement Suite   
Rooming House  Hotel/Motel  Other  \_\_\_\_\_

9. Rooms in your present accommodation include: Kitchen  Living Room  Dining Room   
Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

10. Do you share any part of this accommodation with individuals other than those in this application?  
Yes  No  If yes, how many individuals? No. of adults \_\_\_\_\_ No. of children \_\_\_\_\_  
What part of the accommodation is shared? \_\_\_\_\_

11. Do you or any members of your household require special needs accommodation?  
Yes  No  If yes, specify \_\_\_\_\_

12. Do you have pets? Yes  No  If yes, what kind and how many? \_\_\_\_\_  
*(Pets may be considered for some facilities; check with the Manager.)*

13. List previous residential tenancies for the past 2 years, beginning with the most recent.  
*Please use a separate sheet if more room is required than provided.*

Previous Landlord Name and Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Landlord Name and Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

14. Have you rented subsidized housing before? Yes  No  If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

15. **Reasons for wanting to move.** Health  Safety  Financial  Location  Eviction  Other

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 for subsidized housing. *Please use a separate sheet if more room is required than provided.*

---

---

---

---

**If you have been given a "Notice to Vacate", please submit a copy of the notice stating the reason for eviction.**

16. DRIVER'S LICENSE #: Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_

Vehicle (1) \_\_\_\_\_

Year	Make	Model	Color	License Plate
------	------	-------	-------	---------------

Vehicle (2) \_\_\_\_\_

Year	Make	Model	Color	License Plate
------	------	-------	-------	---------------

17. Emergency Contact Name: \_\_\_\_\_

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

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





19. **ASSETS**

(NOTE: Essential personal and household effects such as clothing and furniture are not included as assets.)

ASSETS	DOLLAR VALUE
Cash on Hand / Bank Account	\$
Stocks, Bonds, Mutual Funds - Specify: _____	\$
Other Assets (boat, camper, RV, etc.) - Specify: _____	\$
Mortgage(s) (Amount in Repayment)	\$
<i>Current Market Value</i>	\$
Additional Real Estate - Specify: _____	\$
Current Vehicle(s) Value	\$
<i>Amount owing on vehicle(s)</i>	\$
<i>Monthly Payment</i>	\$

---

# RESPONSIBLE PARTY STATEMENT

---

**DIRECTIONS FOR COMPLETION:**

Please print clearly in all sections, and make sure that all blanks are properly filled in. This statement is to be signed by an adult living outside of the facility. Couples cannot use each other as the responsible party, as we will expect that you will answer for each other if one of you should become disabled or incapacitated. This statement is to assist us in the event that you should become incapacitated during your tenancy. All information is confidential and required only in case of an emergency.

**APPLICANT'S NAME:** \_\_\_\_\_

**PERSON OR PERSONS ASSUMING EMERGENCY RESPONSIBILITY FOR THE ABOVE APPLICANT**

**NAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **HOME PHONE #:** \_\_\_\_\_

**CELL PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**OTHER PHONE #:** \_\_\_\_\_ **OTHER PHONE #:** \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:** \_\_\_\_\_ **RELATIONSHIP TO APPLICANT:** \_\_\_\_\_

I (we) certify that I (we) will be totally responsible for the above named applicant in the event that the applicant is unable to answer for him/herself, once they become a tenant in a facility managed by Lacombe Foundation. If the tenant does not abide by the rules, regulations, and the tenancy agreement as signed with Lacombe Foundation, I (we) agree to remove the tenant from the building within thirty (30) days of being notified. I (we) further agree that Lacombe Foundation's decisions are final and binding on all parties concerned. I (we) understand that if the tenant is assessed and is deemed to require additional services such as Home Care in order to continue living independently, and they refuse the service, the tenant will be requested to find alternate accommodation. If the requirements are beyond the capability of outside services to supply, I (we) will be requested to find alternate accommodation for the tenant and assist in supplying the tenants' needs until such time as alternate accommodation is arranged.

**Signature of responsible parties:** \_\_\_\_\_

Date: \_\_\_\_\_ Print name of Witness: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Housing Manager: \_\_\_\_\_

## INCOME AND EMPLOYMENT VERIFICATION FORM

**EMPLOYER:**

---

Company Name

---

Street Address

---

City/Town

---

Postal Code

---

Telephone Number

**EMPLOYEE:**

---

Applicant's Name

---

Street Address

---

City/Town

---

Postal Code

---

Telephone Number

I have made application for Rental Assistance/Approval and verification of my employment status and earnings is required. Please provide this information by completing and signing the lower portion of this form. It is important that the information be as accurate as possible. Your early attention to this request will be appreciated.

---

Signature of Employee

---

Date

### EMPLOYER'S VERIFICATION

The following information is provided in strict confidence as requested by the above employee.

**GENERAL INFORMATION:**

1. Is the employee currently employed by your firm? Yes  No
2. Date employment commenced: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
3. Number of months employed out of the past year: \_\_\_\_\_
4. Employee's present position: \_\_\_\_\_
5. Nature of employment: Full-time  Part-time  Seasonal  Permanent  Temporary

**PAY INFORMATION:**

1. If employee is on a fixed salary, please state **gross** monthly income \$ \_\_\_\_\_
2. If employee is on an hourly rate, state a) Hourly rate of pay \$ \_\_\_\_\_ and b) Number of hours worked per week \_\_\_\_\_

**EARNINGS TO DATE:**

1. **Gross** income paid to this employee by your firm in the past 12 months. \$ \_\_\_\_\_
2. How much of this income was for overtime? \$ \_\_\_\_\_
3. How much of this income was for bonus/commission? \$ \_\_\_\_\_

**PROSPECTS FOR CONTINUED EMPLOYMENT:** Good  Fair  Poor

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify the information given in this declaration is true, correct, and complete to the best of my knowledge.

---

Printed Name

---

Position

---

Signature of Employer

---

Date

**WARNING:** "IF THE EMPLOYER DELIBERATELY SUBMITS FALSE INFORMATION WHICH BECOMES A BASIS FOR ASSISTANCE/APPROVAL AND WHICH ASSISTANCE/APPROVAL WOULD NOT HAVE BEEN OTHERWISE GRANTED HAD THE CORRECT INFORMATION BEEN SUBMITTED, THIS IS AN OFFENSE UNDER THE CRIMINAL CODE OF CANADA."