



# Heart River Housing

## THIS SECTION IS FOR OFFICE USE ONLY

**HOUSING MANAGERS:** As soon as a unit has been assigned, please complete this section and fax this page only to central office.

Move In Date: \_\_\_\_\_ Point Score: \_\_\_\_\_  
Unit Address: \_\_\_\_\_

## APPLICATION FOR ACCOMMODATION - LODGE (CONFIDENTIAL)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

1. Applicant's Name

Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Insurance No./Old Age Security No. \_\_\_\_\_  
Alberta Personal Health No. \_\_\_\_\_ Treaty No. (if applicable) \_\_\_\_\_

2. Co-Applicant's Name

Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Insurance No./Old Age Security No. \_\_\_\_\_  
Alberta Personal Health No. \_\_\_\_\_ Treaty No. (if applicable) \_\_\_\_\_

3. Present Mailing Address

Email Address(es) \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_ Mobile Telephone No(s). \_\_\_\_\_

4. How long have you resided in this municipality?

5. Name, address, telephone number and relationship of responsible relative, friend or Guardian to be notified in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

6. Current Monthly Income \$ \_\_\_\_\_

7. Are you receiving Alberta Seniors' Benefit? \_\_\_\_\_

8. After paying rent, will you have at least \$322 left for the month? \_\_\_\_\_

9. Do you have a Will? \_\_\_\_\_

Executor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

If you wish, you may provide other related information on the reverse of this form.

**AN UP TO DATE MEDICAL CERTIFICATE IS REQUIRED BEFORE ADMISSION**

I hereby understand and agree that special care shall not be provided in the Lodge and that should I require care in the future, I shall move to a facility providing same upon request.

**IMPORTANT NOTICE TO APPLICANTS**

Once your application has been approved in principle, and you accept the accommodation offered, you will be provided with a Lodge Resident's Terms of Occupancy, which together with this Application For Accommodation shall form the basis of your occupancy at the Lodge.

*This information is collected pursuant to the provisions of the Housing Act, and its regulations, and pursuant to section 32© of the FOIPP Act. For more information, contact Heart River Housing Administrator, Box 909, High Prairie, Alberta, T0G 1E0, (780)523-5282*

\_\_\_\_\_  
Witness - Administration

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

\_\_\_\_\_  
Witness - Administration

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

\_\_\_\_\_  
Date