



# Heart River Housing

## APPLICATION FOR ACCOMMODATION - LODGE

~ High Prairie ~ Falher ~ Valleyview ~

P.O. Box 909, HIGH PRAIRIE, AB, T0G 1E0  
PHONE 780-523-5282 FAX 780-523-5283

P.O. BOX 537, FALHER, AB, T0H 1M0  
PHONE 780-837-0695 FAX 780-837-8379

P.O. BOX 1110, VALLEYVIEW, AB, T0H 3N0  
PHONE 780-524-5554 FAX 780-524-5556

(CONFIDENTIAL)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

### 1 Applicant's Name:

Marital Status:

Date of Birth:

Social Insurance #/Old Age Security #:

Alberta Personal Health #:

Treaty # (if applicable):

### 2 Co-Applicant's Name:

Marital Status:

Date of Birth:

Social Insurance #/Old Age Security #:

Alberta Personal Health #:

Treaty # (if applicable):

### 3 Present Mailing Address:

Email Address(es):

Home Phone #:

Other Phone #(s):

### 4 How long have you resided in this municipality?

### 5 Emergency Contact Name:

Relationship to Applicant:

Email Address:

Phone #(s):

### Emergency Contact Name:

Relationship to Applicant:

Email Address:

Phone #(s):

### 6 Current Monthly Income: \$

### 7 Are you receiving Alberta Senior's Benefit?

### 8 After paying rent, will you have at least \$365 left for the month?

9	Do you have a Will?
Executor's Name: _____ Email Address: _____	
Address: _____	
Phone #(s): _____	

Any other related information: \_\_\_\_\_

\_\_\_\_\_

**NO PETS ALLOWED**

**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 the Heart River Housing Administrator, P.O. Box 909, High Prairie, Alberta, T0G 1E0, (780) 523-5282.*

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

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

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

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

\_\_\_\_\_  
Date

***Applications will only be processed when the application is complete and the following paperwork has been received by Heart River Housing Managers.***

**Heart River Housing's Confidential Medical Report**

**Tax Return:** Complete copy of the previous year