

**Rent Supplement Application for Accommodation Instructions**

**Complete ALL questions supplying ALL of the requested information. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information you would like us to be aware of.**

You will be required to provide the following:

- The Canada Customs and Revenue Agency- Notice of Assessment for the tax year most recently ended. This will be required for all household occupants over the age of fifteen currently receiving an income from any source.

OR

- A signed letter from the employer of EACH working member in your family stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment.
- If you or any member of your family is receiving Unemployment Insurance, Workers Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit and the breakdown of specific shelter and utility components.
- Documentation to verify all other sources of income (other than Family Allowance) i.e. child support, oil royalties etc.
- A copy of your most recent pay cheques, benefit cheques, pension cheques etc., or a stub from these for each member of your family receiving income from any source, representing the last three months, or twelve weeks of employment.

Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta.

In order for you to obtain the information we require; your application will be held for two (2) weeks. After two weeks, if the required information is not received, your application will be cancelled. Your application can be reactivated at any time in the following 12 months

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED**

**If a translator was required to complete this application, please provide their name and telephone number.**

\_\_\_\_\_  
Translator's Name

\_\_\_\_\_  
Telephone Number

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**HOUSING AUTHORITY USE ONLY**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Application for Accommodation**

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

I further acknowledge the right of The Elder Statesmen 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 Elder Statesmen Group, or its agents, to investigate any or all 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 Elder Statesmen Group or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

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

\_\_\_\_\_  
Signature of Witness

In the matter of this application for dwelling accommodations located in Alberta, Canada,

I, \_\_\_\_\_, of the \_\_\_\_\_  
(name) (city/town)

of \_\_\_\_\_ in the Province of Alberta, do solemnly 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 Canada for \_\_\_\_\_ years;

And I 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 \_\_\_\_\_, 2018

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

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

\_\_\_\_\_  
My appointment expires on Day/Mo/Yr

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# The Elder Statesmen Group

**CONFIDENTIAL**

717 – 1 Ave SW Calgary, AB T2P 3B5 403-265-4492  
ESGManager@outlook.com; www.ElderStatesmenGroup.com

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Please Note: **Application will be kept on file for 1 year. You must resubmit new application after 1 year.**

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alberta Health Care \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alberta Health Care \_\_\_\_\_

3. Are you a: Canadian Citizen Landed Immigrant or \_\_\_\_\_

4. Present Address: \_\_\_\_\_

5. If you are on Social Assistance, please state the name and phone number of your Social Worker:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

6. References: Please provide (2) persons that have known you for at least 2 years whom we may contact as references.

1. \_\_\_\_\_ Phone # \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

7. Nearest Relative Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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12. Number of person(s) sharing your present accommodation: (Other than yourself.)

13. Does any member of your household require accommodation adapted for a special need? If so, what type? (i.e., wheelchair accessibility, etc)

\_\_\_\_\_

14. Do you share the use of the kitchen, the bathroom, or your bedroom?      Yes      No

If YES,              Number of Person(s) sharing the kitchen \_\_\_\_\_

                            Number of Person(s) sharing bathroom \_\_\_\_\_

                            Number of Person(s) sharing the bedroom \_\_\_\_\_

15. Is your shower and/or bathtub, toilet and washbasin all located in your bathroom?

Yes              No                      If NO, please give details: \_\_\_\_\_

\_\_\_\_\_

16. Is your stove, refrigerator, cupboards; counter space and sink, all located in your kitchen?

Yes                              No

If NO, please give details: \_\_\_\_\_

17. Do you have a pet?              No              Yes Type: \_\_\_\_\_

18. Reasons for wanting to move: \_\_\_\_\_

\_\_\_\_\_

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

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**60+ Independent Living Medical Form**

This medical information form is required by the Elder Statesmen Group in regard to all Applicants seeking admission into self-contained, independent living apartments. All information must be current within a six-month time frame.

The form is to supplement other information to determine if the Applicant is physically and mentally able to look after themselves in a self-contained, independent living apartment complex.

Any charge for the completion of this form is the responsibility of the Applicant.

**AUTHORIZATION**

I hereby authorize any physician, medical clinic, hospital or other person that has any records or knowledge of my health to provide full information to The Elder Statesmen Group or any authority acting on their behalf.

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

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant: \_\_\_\_\_

How long has the applicant been your patient? \_\_\_\_\_

Date of most recent medical appointment. \_\_\_\_\_

**Does the Applicant:**

1. Show any signs of dementia? Yes \_\_\_\_ No \_\_\_\_

Explanation: \_\_\_\_\_

2. Have any history of alcohol or substance abuse? Yes \_\_\_\_ No \_\_\_\_

Explanation: \_\_\_\_\_

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3. Have any diagnosis which indicates a deteriorating physical or mental health condition that may impair his/her ability to manage independently at present or in the near future?

Yes \_\_\_\_ No \_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

4. Have a history of any violent or aggressive behavior? Yes \_\_\_\_ No \_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

5. Does this applicant smoke? Yes \_\_\_\_ No \_\_\_\_

6. Do you consider the applicant to be suitable to live in a seniors' apartment independently where no special care is provided?

Mentally: Yes \_\_\_\_ No \_\_\_\_

Physically: Yes \_\_\_\_ No \_\_\_\_

Socially: Yes \_\_\_\_ No \_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Please detail any medical information you feel would be important to your patient's application for senior's housing. (We do not provide meals or housekeeping services.) Please also list any serious medical concerns the manager should be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

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**Landlord Reference Request**

Landlord Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize you to discuss and release to the Elder Statesmen Group the following and any other information which may affect my tenancy if I am accepted as a tenant by the Elder Statesmen Group.

Applicant Signature: \_\_\_\_\_

**Landlord's Information:**

Period of tenancy: from \_\_\_\_\_ to \_\_\_\_\_

Payment history      good    slow    poor    NSF's

Suite cleanliness:    good    medium    poor

Noise complaints:    yes    no    unknown

Complaints about the tenant during his tenancy with your company/association. yes \_\_\_ no \_\_\_

Please provide particulars:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any breaches of tenancy agreement?      Yes      No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Would you rent to this tenant again? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you prefer to reply to our request for information verbally rather than in written form, please call our Manager at **403-265-4492**. Any written information may be disclosed to the applicant upon request.

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**INCOME VERIFICATION/RENT CALCULATION - SENIOR CITIZENS**

**STATUTORY DECLARATION:**

CANADA  
Province of Alberta

IN THE MATTER of Income Verification and Rent Calculation  
for Senior Citizens self-contained accommodation:

To Wit:

I/We \_\_\_\_\_ of The City of  
Calgary

in the Province of Alberta, do solemnly declare as follows:

1. That I/we are the person(s) named on this Income Verification.
2. That the statements made by me/us in the Income Verification are to the best of my/our knowledge, information and belief, full and true in all respects.

**And I/we make this solemn Declaration conscientiously believing it to be true, 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 City of Calgary ) \_\_\_\_\_  
 in the Province of Alberta, this \_\_\_\_\_ day ) Declarant #1  
 of \_\_\_\_\_ A. D. 2016 ) \_\_\_\_\_  
 Declarant #2

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

My Appointment expires on \_\_\_\_\_  
Day / Month / Year

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**MONTHLY INCOME:**

	Declarant # 1	Declarant # 2
Old Age Security .....	_____	_____
Guaranteed Income Supplement .....	_____	_____
Alberta Senior's Benefits Program .....	_____	_____
Spouse Allowance .....	_____	_____
Canada Pension Plan .....	_____	_____
Company Pension .....	_____	_____
War Veterans Allowance .....	_____	_____
War Disability Pension .....	_____	_____
Employment Income .....	_____	_____
Social Assistance .....	_____	_____
Assured Income for the Severely Handicapped.	_____	_____
<b>TOTAL: .....</b>	<b>(A)</b> _____	<b>(B)</b> _____

**ASSETS:** Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, etc.

INVESTMENTS/ASSETS	INTEREST/INCOME	
_____	Yearly _____	Monthly _____
_____	Yearly _____	Monthly _____
_____	Yearly _____	Monthly _____
<b>TOTAL:</b>	<b>Yearly</b> _____	<b>Monthly</b> _____ <b>(C)</b>

VEHICLE	Make	Model	Current Value
_____ <b>(D)</b>			

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**(FOR OFFICE USE ONLY)**

**TENANT:** \_\_\_\_\_ **SUITE :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**VERIFICATION:** Option to be determined and indicated ( ) by Manager

( ) Option A Verifications of the above incomes are attached to this form.  
Verifications include photocopies of cheques, cheque stubs, bank statements,  
T4 and/or T5 slips etc.

( ) Option B I, \_\_\_\_\_, Manager of The Elder Statesmen Group of  
properties, hereby verify that I have seen the documents underlined in RED.

**RENT CALCULATION:**

Total Head of Household Income ..... (A) \_\_\_\_\_  
Total Spouse Income ..... (B) \_\_\_\_\_  
Total Monthly Investment Income ..... (C) \_\_\_\_\_  
Vehicle Value..... (D) \_\_\_\_\_

**GROSS FAMILY INCOME** \$ \_\_\_\_\_

Exemptions from income: Refer to Senior Citizen Self Contained Policy & Procedures Manual.

**ADJUSTED GROSS FAMILY INCOME** \$ \_\_\_\_\_

**MONTHLY RENT CHARGE @ 30%** \$ \_\_\_\_\_

**Tenant Charges:**

Electricity ..... \$ \_\_\_\_\_

Parking ..... \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

**TOTAL MONTHLY CHARGES** \$ \_\_\_\_\_

\_\_\_\_\_

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Manager

Effective Date

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**Need Rating Report - Applicant Wait List**

Name		Phone			
Factors		Details		Points	Score
Number of Dependents				3	
Rent to Income = rent / income *100				21	
Eviction/Special Circumstances				15	
Over Crowding				12	
Accessibility				12	
Housing detrimental to health				10	
Shared accommodation				3	
Utility Responsibility				3	
Possible score				79	
Deductions					
		Assets: Deduct 2 points per \$1000 of asset value			
				<b>Total Points:</b>	
Interviewers comments as to household's suitability for social housing accommodations:					
Scored By		Approved by			
Date		Date			

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**Need Rating Report - Applicant Wait List**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**A. Number of Dependents**

#	Points
1	3
2	6
3	9

**B. Rent to Income**

$$\frac{\text{Rent Paid} \times 100}{\text{Income}} = \% \text{ of rent to income}$$

%	Points
31-35	3
36-40	6
41-45	9
46-50	12
51-55	15
56-60	18
61 +	21

**C. Eviction/Emergency**

- a. Eviction or notice to vacate = 15 points
- b. Require housing as a result of emergency = max 15 points
- c. Breach of tenancy = 0 points

**D. Degree of accessibility – max 12 points if current household does not meet physical needs**

**E. Overcrowding – housing is overcrowded if applicant shares bedroom with roommate, no relationship, or share with child of opposite sex older than 4**

**F. Housing Detrimental to Health – max 10 points given if current accommodation is causing or aggravating a serious health problem, or is unsafe. Family not close by (5 pts)**

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- G. Shared Accommodation – max 3 points if the applicant is temporarily sharing or occupying another individual's or family's home.
- H. Utility Responsibility – one point given for each water, heat, electricity the applicant now pays.