



APPLICATION KIT FOR ACCOMMODATION - (CONFIDENTIAL)
PLEASE READ CAREFULLY

Manoir Saint-Joachim
11020 - 99 Ave. Edmonton, AB T5K 2M2,
Phone: (780) 488-7104, Fax: (780) 482-2099
Email: info@msjst.ca
Web: www.msjst.ca

Manoir Saint-Thomas
9022 - 85 Ave. Edmonton, AB T6C 4M4
Phone: (780) 488-7104, Fax: (780) 482-2099,
Email: info@msjst.ca
Web: www.msjst.ca

I understand that this is just an application and that it is not an agreement on the part of **La Société des Manoirs Saint-Joachim et Saint-Thomas** to provide me with rental accommodation.

I further acknowledge the right of **La Société des Manoirs Saint-Joachim et Saint-Thomas**, 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 **La Société des Manoirs Saint-Joachim et Saint-Thomas** to investigate all the statements made by me in this application, being aware that discovery of any false statement may cancel any further consideration of my application.

I further agree that I am obligated to advise **La Société des Manoirs Saint- Joachim et Saint-Thomas**, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

Signature of Witness

Signature of Applicant

Please review for following information, regarding the completion of this application:

1. Complete all questions and supply ALL of the required information. If a question does not apply to you, mark N/A in the section.
2. You will be required to provide a current income tax **Notice of Assessment** to verify your income and a **Medical Report Form** completed by your doctor.
3. Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office, free of charge, by appointment. Please call (780) 488-7104.
4. The applicant is required to sign this form in four places.
5. Incomplete applications will not be processed.
6. All information on this application is confidential.
7. The applicant will be interviewed as part of the approval process.

APPLICATION Part 1 - PLEASE PRINT

1. Applicant's Name: _____
(Last Name) (First Name)

Date of Birth: _____
Day / Month / Year

Status: Married Divorced Single Widowed

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

Date of Birth: _____
Day / Month / Year

Status: Married Divorced Single Widowed

3. Are you a Canadian Citizen? Yes No

If no, please provide copies of immigration papers.

4. Present Address: _____
(P.O. Box / Apartment No. / Street / City / Postal Code)

City / Town / Village : _____

Home Phone No.: () _____ Cell Phone: () _____

Email: _____

5. Next of Kin: _____ Relationship to you: _____

Present Address: _____
(P.O. Box / Apartment No. / Street / City / Postal Code)

City / Town / Village : _____

Home Phone No.: () _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Next of Kin: _____ Relationship to you: _____

Present Address: _____

(P.O. Box / Apartment No. / Street / City / Postal Code)

City / Town / Village : _____

Home Phone No.: () _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

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

7. If renting, name of your present landlord: _____

Address: _____ Phone: () _____

How long have you resided there? _____

If less than five years, please list previous landlord:

Name of Landlord: _____

Address: _____

Phone No.: () _____ How long did you live there? _____

By naming the individuals in questions 7, the applicant consents to the release of information between **La Société des Manoirs Saint-Joachim et Saint-Thomas** staff and these individuals regarding the applicant's current or previous tenancies.

8. Is your present accommodation a: House Lodge Motel / Hotel
Apartment with elevator Apartment without elevator Other _____

9. Identify rooms in your present accommodation: Kitchen Living Room
Dining Room No. of Bathroom(s) _____ No. of Bedroom(s) _____

10. Number of person(s) sharing your present accommodation: _____ Adults _____ Children
Number of person(s) sharing: The kitchen _____ The bathroom _____ the bedroom _____

11. Do you require a handicapped unit? Yes No

12. Do you require a parking spot? Yes No

13. Do you have a pet? Yes No

Please note: No pets, except fish in an aquarium, are permitted on the premises or common areas of which they form part of.

14. Have you ever been asked to vacate your premises? Yes No

If yes, why? _____

15. Reasons for moving and choosing La Société des Manoirs :

16. Other information I wish to provide: _____

17. Please list at least 2 people who can be contacted in the event of an emergency – Please provide their names, relationships, and daytime phone number(s):

1) Name: _____

Phone number(s): _____ Relationship: _____

Email: _____

2) Name: _____

Phone number(s): _____ Relationship: _____

Email: _____

18. If you receive Home Care Services, please list the name of your Case Coordinator:

19. Family Doctor's Name: _____

Address: _____

Phone: () _____ Fax: () _____ Email: _____

By naming the individuals in question 17 & 18 the applicant consents to the release of information between **La Société des Manoirs St. Joachim et St. Thomas** staff and these individuals regarding the applicant's health, safety, well-being, and/or ability to maintain independent living.

I authorize **La Société des Manoirs Saint-Joachim et Saint-Thomas**, or its agents to release my month and day of birth and my suite number to any Social Club that may be in existence within the building in which I reside. This information will only be used to celebrate my birthday. My age or year of birth will not be revealed.

Yes

No

APPLICATION Part 2 - Monthly Income

20. All incomes must be verified upon acceptance as a tenant. A copy of previous year's Notice of Assessment is required.

	Applicant \$ (Monthly)	Co-Applicant \$ (Monthly)
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit Program	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
War Veterans Allowance	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Company Pension	_____	_____
Income Support	_____	_____
AISH	_____	_____
Other Income, specify: _____	_____	_____
TOTAL:	_____	_____

ASSETS: Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF), etc.

INVESTMENTS/ASSETS	INTEREST/INCOME	
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
TOTAL: \$ _____	Total: \$ _____	Total: \$ _____

21. Name of your Employer: _____

Phone: () _____ Email: _____

APPLICATION Part 3 - Jurat

I, _____ (full name) of the _____ 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 the City of Edmonton 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 _____, 20_____.

A commissioner for Oaths in and for the Province of Alberta.

Signature of Applicant

My appointment expires on _____
Day/Month/Year

All information on the Application for Accommodation form is collected in order to determine eligibility for seniors subsidized housing with **La Société des Manoirs Saint-Joachim et Saint-Thomas** in accordance with the *Freedom of Information & Protection of Privacy Act*.



CONFIDENTIAL MEDICAL REPORT

Saint-Joachim Manor
 11020 - 99 Ave. Edmonton, AB T5K 2M2,
 Phone: (780) 488-7104, Fax: (780) 482-2099
 Email: info@msjst.ca
 Web: www.msjst.ca

Manoir Saint-Thomas
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 Email: info@msjst.ca
 Web: www.msjst.ca

All of the information on this **Confidential Medical Report** is collected in order to determine eligibility for seniors' subsidized housing with **La Société des Manoirs Saint-Joachim et Saint-Thomas** in accordance with the *Freedom of Information & Protection of Privacy Act*.

Our staff are NOT qualified or permitted to dispense medication or to provide physical assistance. No housekeeping services are provided in our apartments. There no special care, nursing care, or special diets available.

Name of Applicant: _____

Date of Birth (MM-DD-YYYY): _____

I hereby authorize my physician to release the medical information on this form to **La Société des Manoirs Saint-Joachim et Saint-Thomas**.

 Signature

Name of Examining Physician (Please Print): _____

Phone Number: () _____ How long has the applicant been your patient? _____

PHYSICAL EXAMINATION

Mobility: Walks without help: _____ Walks with help: _____ Uses wheelchair: _____

Is there a communication difficulty? Yes No

If yes, please explain: _____

ACTIVITIES OF DAILY LIFE

Is the applicant able to prepare his/her own meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant able to do his/her own housekeeping as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can the applicant manage his/her own personal hygiene?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any concerns with incontinence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INDEPENDENCE FACTORS

Does the applicant show any signs of dementia?

Yes

No

Does the applicant have a history of alcohol or substance abuse?

Yes

No

Has the applicant been diagnosed with any deteriorating physical or mental health medical condition(s) that may impair his/her ability to manage independently at present or in the near future? Yes No

If yes, please explain and provide a list of any family or community supports that are available to the applicant in order to maintain their ability to live independently in an apartment setting.

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in an apartment building where no special care, nursing care, or special diets are available. Yes No

If no, please explain what supports are required by the applicant and if these supports are already in place for the applicant. If the supports are not in place, are you able to place to make a referral for the applicant?

Date: _____

Doctor's Signature: _____

Notice:

Any charge for the completion of this form is the responsibility of the applicant. This certificate is valid for six (6) months only. Please return this Confidential Medical Report to the following address:

- Via mail or in-person:
La Société des Manoirs Saint-Joachim et Saint-Thomas
11020 - 99 Avenue Edmonton, AB
T5K 2M2
- Fax: (780) 482-2099, or
- Email: info@msjst.ca