



**(CONFIDENTIAL)**

**APPLICATION FOR ACCOMMODATION  
PLEASE READ CAREFULLY**

**Manoir Saint-Joachim**

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

I understand that 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.

\_\_\_\_\_  
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** from CRA to verify your income and a **Medical Report Form** completed by your doctor.
3. Incomplete applications will not be processed.
4. All information on this application is confidential.
5. 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: Kitchen: \_\_\_\_\_ Bathroom: \_\_\_\_\_ 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	_____	_____
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: _____	_____	_____
<b>TOTAL:</b>	_____	_____

**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.

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

21. Name of your Employer: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_



## CONFIDENTIAL MEDICAL REPORT

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 is 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.

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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?

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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