

# **Application Form**

for

# Independent Senior Subsidized Housing

Rent based on 30% of household income

Part 1: Consent Form Part 2: General Information Part 3: Proof of Income

Once you have completed this application, please return it to:

Housing Intake Trinity Place Foundation of Alberta 105,334 -11 Ave SE Calgary, AB T2G 0Y2

> Phone: 403-269-3183 Fax: 403-290-1563 Email: applications@tpfa.ca www.tpfa.ca

### **GENERAL ELIGIBILITY REQUIREMENTS**

- Minimum age is 65 years of age. For couples, one spouse is 65 years of age.
- An applicant between the ages of 60 to 64 may be considered for accommodation.
- Applicant(s) must be **functionally independent/self-sustaining** with the aid of community support services.
- Maximum income limit for applicants is \$37,500/yr (studio). \$44,000/yr (1 bedroom)

### **EVALUATION PROCESS**

All applicants will be evaluated according to the Alberta Government Priority of Need Rating procedure in determining priority and will then be selected from the wait list for subsidized senior housing. The wait-list is **not** a first come, first serve basis.

### **APPLICATION PROCESS**

- 1. Submit the application and all required documents.
  - Completed application
  - Consent Form
  - Copy of the applicants Notice of Assessment from Revenue Canada
- 2. Applicant is rated on priority of need and placed on the wait-list.
- 3. You will be contacted within 7 dasy of your completed application and again when a suite becomes available.

#### INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For further information about the application process, please contact:

Trinity Place Foundation of Alberta 105, 334-11 Ave SE Calgary, AB T2G 0Y2

> Phone: 403-269-3183 Fax:403-290-1563 Email: applications@tpfa.ca www.tpfa.ca/faqs

#### CONSENT TO RELEASE INFORMATION

- Supports Freedom of Information and Protection of Privacy Act (FOIP)
- Allows us to ask third parties such as landlords for information

I understand that this application does not constitute an agreement on the part of TRINITY PLACE FOUNDATION OF ALBERTA, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Trinity Place Foundation of Alberta, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel without penalty or liability for damages, or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize Trinity Place Foundation of Alberta, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall revoke further consideration of my application.

I further agree that I am obliged to advise Trinity Place Foundation of Alberta, or its agents, in writing, of any changes in family composition, employment, or change of address, should these occur.

I also agree that the information provided by me pertains to all persons named within this application.

I (we) have read, understand and agree with the above consent.

Applicant(s) signature: \_\_\_\_\_

Dated:

Day Month Year

The personal information collected through Trinity Place Foundation of Alberta is for the purpose of application for subsidized housing or rental benefits. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact Trinity Place Foundation of Alberta at 403-269-3183, or mail to #105,334 11 Ave SE, Calgary, AB T2G0Y2.

#### **GENERAL INFORMATION**

| Applicant Information           |                      |               |    |  |
|---------------------------------|----------------------|---------------|----|--|
| Name                            |                      | E-mail        |    |  |
| Address                         |                      |               |    |  |
| City                            | Prov                 | Postal Co     | de |  |
| Date of Birth (yyyy/mm/dd)      |                      | Phone         |    |  |
| What is your Citizenship or Imr | migration status?    |               |    |  |
| <b>Co-Applicant Information</b> |                      |               |    |  |
| Name                            |                      | E-mail        |    |  |
| Address:                        |                      |               |    |  |
| City                            | Prov                 | Postal Co     | de |  |
| Date of Birth (yyyy/mm/dd)      |                      | Phone         |    |  |
| Alternate/Emergency Contac      | ct                   |               |    |  |
| Name                            | Rela                 | Relationship: |    |  |
| Phone                           | Ema                  | il Address:   |    |  |
| *Can we discuss your applicati  | on with this person? | Yes           | No |  |
| Do you have a Social Worker?    | Yes No               |               |    |  |
| Name                            | Pho                  | ne/Email:     |    |  |
| *Can we discuss your applicati  | on with this person? | Yes           | No |  |

### CURRENT ACCOMMODATION

|   | Applicant | Co-applicant |  |  |
|---|-----------|--------------|--|--|
| Current rent  | \$        | \$           |  |  |
| Monthly utilities in addition to rent                           | \$        | \$           |  |  |
| Total number of household members in your current accommodation |           |              |  |  |
| Adults  | #         |              |  |  |
| LANDLORD REFERENCE REQUIRED                                     |           |              |  |  |
| Name:   | Phone:    |              |  |  |
| E-mail:   |           |              |  |  |

#### Health and Safety

#### Check all that apply

Does your current accommodation:

Yes No

Have any physical conditions including: inadequate heating, electrical defects, weather penetration or structural defects?

Have any environmental conditions including: excessive noise or pollution?

Is unsafe including: domestic or family violence, or located in area of high crime?

Is inaccessible or adaptable for the any members of the household? eg: stairs for a person requiring a walker

Is over crowded with more than 2 individuals sharing a bedroom?

Shared on a temporary basis, example: staying with a friend / family?

#### Please check off any of the following population groups that apply to the applicant (s).

Indigenous peoples People with disabilities Individual fleeing violence or leaving second stage shelter\* At risk of or transitioning out of homelessness\* People dealing with mental health or recovering from addiction\* Youth exiting government care Veteran Recent Immigrant or Refugee (in Canada less than 5 years) Racialized group Identify with diverse concepts of gender identity and expression or

sexual orientation

### **REASONS FOR MOVING**

Your reason for wanting/needing to move : \_\_\_\_\_

### HOUSING PREFERENCES

Type of suite preferred:

| Bachelor Suite                             | One bedroom           |            |                        |
|--|-----------------------|------------|------------------------|
| *we will do our best in providing your pre | ferred suite, however | one bedroo | om suites are limited. |
| Do you require Parking?                    | Yes                   | ;          | No                     |
| Do you require a non-smoking b             | uilding? Yes          | ;          | No                     |

### PROPERTIES

#### Please select your top 3 preferences.

|     | NAME                        | ADDRESS              | MINIMUM<br>AGE | PETS<br>ALLOWED | SMOKING<br>BUILDING |
|-----|-----------------------------|----------------------|----------------|-----------------|---------------------|
| Nor | th West Calgary             |                      |                |                 |                     |
|     | CROWCHILD MANOR             | 2403 - 2nd Ave NW    | 65+            | no              | Non smoking         |
|     | PARKDALE MANOR              | 2420 - 2nd Ave NW    | 65+            | no              | Non smoking         |
|     | PARKVIEW VILLAGE            | 1234 - 21st Ave NW   | 65+            | no              | Non smoking         |
| Sou | th West Calgary             |                      |                |                 |                     |
|     | MOUNT ROYAL MANOR           | 1720 - 9A Street SW  | 65+            | no              | Non smoking         |
|     | GRACE GARDENS               | 1028 – 15th Ave SW   | 65+            | no              | Non smoking         |
|     | GRACE MANOR                 | 1506 – 9th Street SW | 65+            | no              | Non smoking         |
|     | ODD FELLOW REBEKAH<br>TOWER | 1220 – 2nd St. SW    | 65+            | no              | Non smoking         |
| Sou | th East Calgary             | ^<br>                | ^<br>          |                 |                     |
|     | CARTER PLACE                | 602 – 1st Street SE  | 65+            | 1 cat           | Smoking             |
|     | EDWARDS PLACE               | 344 - 9th Ave SE     | 60+            | no              | Smoking             |
|     | KING TOWER                  | 807 – 6th Street SE  | 60+            | no              | Smoking             |
|     | MURDOCH MANOR               | 808 – 5th Street SE  | 60+            | no              | Smoking             |
|     | ALEX WALKER TOWER           | 124 – 15th Ave. SE   | 65+            | no              | Non smoking         |
|     | RHUBARB PATCH               | 1320 – 8th Ave. SE   | 65+            | no              | Non smoking         |
|     | EDITH PINK RESIDENCE        | 1401 – 11th Ave. SE  | 65+            | no              | Non smoking         |
|     | HAMILTON MANOR              | 906 – 17th Ave. SE   | 65+            | no              | Non smoking         |
|     | JENKINS COURT               | 923 – 19th Ave. SE   | 65+            | no              | Non smoking         |

# WHERE DID YOU LEARN ABOUT US?

Internet Search Directory Friend or Family

Newspaper/Newsletter

Advertisement

Referral from \_\_\_\_\_

### **INCOME INFORMATION**

|  | Applicant | Co-Applicant |
|--|-----------|--------------|
| Income shown on Line 15000 of your<br>Canada Revenue Agency-Notice of Assessment<br>for the applicant and co-applicant (if applicable) | \$        | \$           |

Please include a copy of your most recent NOTICE OF ASSESSMENT from Revenue Canada

| Do you own any of the following worth over \$25,000 check all that apply | Yes | No |
|--|-----|----|
| check all that apply   |     |    |

Real Estate

Stocks/Bonds

Unregistered savings/chequeing accounts over \$25,000

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