



Trinity Place Foundation
of Alberta

Application Form

for

Independent Senior Subsidized Housing

Part 1: Consent Forms
Part 2: General Information

Once you have completed **both** parts of 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

FOR OFFICE USE ONLY

HMB	
Date Application Received	
Date of Intake Call	

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

GENERAL ELIGIBILITY REQUIREMENTS

- Single person: minimum age is 65 years of age.
- Couples: minimum age for one spouse is 65 years of age.
- An applicant under the age of 65 years may be considered for accommodation.
- Please enquire directly with any of the management bodies.
- Applicant(s) must be functionally independent with the aid of community support services.
- Applicant(s) must be a Canadian Citizen or Permanent Resident.
- Maximum income limit for applicants is \$38,000/yr (studio). \$43,000/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. This is **not** a first come, first serve basis.

APPLICATION PROCESS

1. Submit the application and all required documents.
2. We will schedule an interview and property tour with a property manager.
3. The property manager will advise you of next steps.
4. Final decision is up to the property manager.

For further information about the application process, please contact:

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APPLICATION CHECKLIST

Completed Application

Part 1: Consent Forms

Part 2: General Information

Copy of the applicant's **most recent Notice of Assessment**

Two months of **recent bank statements**

Two months of pay stubs, if working

Proof of other income: AISH or Alberta Works (most recent stub)

*** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

CONSENT FORMS- PART 1

PLEASE READ CAREFULLY

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.

X _____
Signature of Witness

X _____
Signature of Applicant

DOMINION OF CANADA)
PROVINCE OF ALBERTA)

IN THE MATTER OF THIS APPLICATION FOR DWELLING
ACCOMMODATION IN THE HOUSING PROJECT.

I, _____ of the City of Calgary, 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 Canada for _____ years of my life and in Alberta for _____ years.

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 by virtue of the "Canada Evidence Act."

Declared before me at the)
City of Calgary in the)
Province of Alberta,)

This _____ day of _____, 20__)

X _____
Signature of Applicant

Signature _____

A Commissioner of Oaths in and for the Province of Alberta (can be signed by property manager upon move-in)

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

We respect your privacy and information. In order to allow us to evaluate your application and place you on a wait-list, we require the following consent forms to be signed by you.

GENERAL CONSENT FORM

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

CONSENT TO RELEASE INFORMATION

Trinity Place Foundation of Alberta requires a recent Landlord reference, rental history and/or credit history. Please complete the following written consent and submit with your application.

Application received without signed Consent to Release Information will not be processed.

I, (we) _____ (please print) give my (our) permission for Trinity Place Foundation of Alberta to contact the landlord.

I (we) have listed as a Landlord reference to obtain information about my tenancy history and/or access my credit information for the purpose of assessing eligibility for housing with Trinity Place Foundation of Alberta.

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

Applicant's signature: _____

Dated: _____

Day Month Year

This personal information is being collected under the authority of the Alberta Housing Act and Alberta Regulation 244/94 (Social Housing Accommodation Regulation) and will be used to evaluate the need and eligibility for subsidized senior citizen housing. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

PROPERTIES

Please select your top 3 preferences.

NAME	ADDRESS	AGE REQUIREMENT	SMOKING BUILDING
North West Calgary			
CROWCHILD MANOR	2403 - 2nd Ave NW	65+	Non smoking
PARKDALE MANOR	2420 - 2nd Ave NW	65+	Non smoking
PARKVIEW VILLAGE	1234 - 21st Ave NW	65+	Non smoking
South West Calgary			
MOUNT ROYAL MANOR	1720 - 9A Street SW	65+	Non smoking
GRACE GARDENS	1028 - 15th Ave SW	65+	Non smoking
GRACE MANOR	1506 - 9th Street SW	65+	Non smoking
ODD FELLOW REBEKAH TOWER	1220 - 2nd St. SW	65+	Non smoking
South East Calgary			
CARTER PLACE	602 - 1st Street SE	60+	Smoking
EDWARDS PLACE	344 - 9th Ave SE	60+	Smoking
KING TOWER	807 - 6th Street SE	60+	Smoking
MURDOCH MANOR	808 - 5th Street SE	60+	Smoking
ALEX WALKER TOWER	124 - 15th Ave. SE	65+	Non smoking
RHUBARB PATCH	1320 - 8th Ave. SE	65+	Non smoking
EDITH PINK RESIDENCE	1401 - 11th Ave. SE	65+	Non smoking
HAMILTON MANOR	906 - 17th Ave. SE	65+	Non smoking
JENKINS COURT	923 - 19th Ave. SE	65+	Non smoking

WHERE DID YOU LEARN ABOUT US?

Internet Search

Newspaper/Newsletter

Directory

Advertisement

Friend or Family

Referral from _____

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

GENERAL INFORMATION - PART 2

Personal Information

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Date of Birth (yyyy/mm/dd) _____ Phone _____

Citizenship Status:

Canadian Citizen Un-sponsored Permanent Resident Other _____

Number of years residing in Canada _____ Languages spoken _____

Co-Applicant Information

Last Name _____ First Name _____ Middle Name _____

Address: _____

City _____ Prov. _____ Postal Code _____

Date of Birth (yyyy/mm/dd) _____ Phone _____

Citizenship Status:

Canadian Citizen Un-sponsored Permanent Resident Other _____

Number of years residing in Canada _____ Languages spoken _____

Alternate Contact

Last Name _____ First Name _____

Relationship: _____ Phone _____

Email Address: _____

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

INCOME INFORMATION

Are you employed? No Yes - please complete the following

Employer Name	
Address	
Phone	
Monthly Income	\$

MONTHLY GROSS INCOME BREAKDOWN	Applicant	Co-Applicant
Old Age Security & Guaranteed income Supplement	\$	\$
Alberta Seniors Benefit	\$	\$
Spouse Allowance	\$	\$
Canada Pension Plan	\$	\$
Company Pension	\$	\$
War Veterans Allowance	\$	\$
War Disability Pension	\$	\$
Employment Income	\$	\$
Social Assistance	\$	\$
AISH	\$	\$
Foreign Pensions	\$	\$
Other	\$	\$

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

Assets	Applicant	Co-Applicant
Do you have any Real Estate?	\$	\$
Do you have any Stocks/Bonds	\$	\$
Do you have any Term Deposits/Bank Accounts	\$	\$
Do you have any Other Assets?	\$	\$

REASON FOR MOVING

Your reason for wanting/needing to move : _____

Have you received an eviction notice? Yes No

If yes, the reason for eviction: _____

READINESS TO MOVE

Are you ready to move? Yes No

When? Immediately Within 60 days Greater than 60 days

Have you applied anywhere else? Yes No

If yes, please provide information: _____

ADDITIONAL INFORMATION

Did you have assistance filling out this form? Yes No

Do you have a social worker? Yes No

Do you smoke? Yes No

*Please note, most of our buildings are non-smoking, with exceptions at our Downtown properties

Have you previously been housed by a Housing Management Body (HMB)?

No Yes - please provide details

Name of HMB _____

When? _____ How long? _____

Please outline your relevant housing history here: _____

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ADDITIONAL INFORMATION CONT'

Do you have a vehicle? Yes No
Parking is very limited

Do you have a pet? Yes No
*Carter Place accepts one cat,
all other properties **do not allow pets***

Do you have a mobility aid? Yes No
If yes: Wheelchair Walker Cane Scooter
Other: _____

EMERGENCY CONTACT

Name_____

Relationship:_____Phone_____