

Bertha Gold Jewish Seniors Residence

APPLICATION FOR ACCOMMODATION
CONFIDENTIAL: PLEASE READ CAREFULLY

I understand that this application does not constitute an agreement on the part of the BERTHA GOLD JEWISH SENIORS RESIDENCE or its agents, to provide me with rental accommodation.

I further acknowledge the right of THE BERTHA GOLD JEWISH SENIORS RESIDENCE, or its agents, 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 of given.

I hereby authorize the BERTHA GOLD JEWISH SENIORS RESIDENCE, or its agents to investigate any or all of the statements herein; 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 BERTHA GOLD JEWISH SENIORS RESIDENCE, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

Witness

Applicant

DOMINION OF CANADA)
PROVINCE OF ALBERTA)
TO WIT)

IN THE MANNER OF THIS APPLICATION FOR DWELLING
ACCOMODATION IN THE HOUSING PROJECT

I, _____, of the City Calgary, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in the said application:
2. That the statements made by me in the said 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 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 ____.)

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment Expires On _____
Day / Month / Year

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(PLEASE PRINT)

NOTE: PLEASE ANSWER ALL QUESTIONS

1. Applicant's Name: _____
(Surname) (Given Name)

Date of Birth: _____ Social Insurance No. _____

Alberta Health Care No. _____

2. Spouse's Name: _____
(Surname) (Given Name)

Date of Birth: _____ Social Insurance No. _____

Alberta Health Care No. _____

3. Are you a Canadian Citizen Landed Immigrant or _____

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

(City/ Town / Village)

(Postal Code)

Phone number: _____ Email address: _____

5. If you are on Social Assistance, please state the name and office address of your Social Worker.

Name: _____

Address: _____

6. If you or your spouse have employment income(s), please state the name(s) and address (es) of the employer(s).

Name of your Employer: _____

Address: _____

Telephone No. _____ email address: _____

Name of your Spouse's Employer: _____

Address: _____

Telephone No. _____ email address: _____

NOTE: All incomes must be verified upon acceptance as a tenant.

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7. MONTHLY INCOME

	Applicant	Spouse
Old Age Security and Guaranteed Income Supplement	\$ _____	\$ _____
Alberta Assured Income Supplement	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other (Specify): _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:	\$ _____	\$ _____

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 \$ _____
TOTAL:	Yearly \$ _____	Monthly \$ _____

8. Do you own or rent your present accommodation: Own Rent

Present rent or house payment is \$ _____ per month,
 plus \$ _____ for heat and \$ _____ for light, water and sewer.

9. If renting, name of your present landlord: _____
 Address of landlord: _____
 Phone number of landlord: _____ email of landlord: _____

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10. Is your present accommodation a:

- House Apartment Rooming House Motel Hotel Other:

11. Rooms in your present accommodation:

- Kitchen Living Room Dining Room Bathroom Number of Bedrooms

12. Number of people sharing your present accommodation: _____ Adults _____ Children.

13. Do you share with other occupants the use of the kitchen, the bathroom, or bedroom Yes No

If Yes, Number of people sharing the kitchen _____

Number of people sharing the bathroom _____

Number of people sharing the bedroom _____

14. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom? Yes No.

If NO, please give details: _____

15. Are your stove, refrigerator, cupboards, counters and sink, all located in your kitchen? Yes No.

If No, please give details _____

16. Do you have a pet? Yes No **If YES, please note: pets are not permitted in this apartment.**

17. Reason(s) for wanting to move: _____

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

Please note: Bertha Gold Jewish Seniors Residence reserves the right to request a police check as a final step in reviewing eligible applicants.

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18. Please state any Physical Disabilities: _____

Family Doctor's Name: _____

Address: _____

Phone Number: _____ Email address: _____

A medical form must accompany this application. If you have had a doctor complete a Physical / Medical form within the past 3 months and have used it to apply for subsidized accommodation, please call our office to discuss the possibility of using the same form to avoid incurring additional exam costs.

19. FOR APPLICANT'S USE: Other relevant information you may wish to provide:

Please provide two (2) names with phone numbers and email addresses for reference purposes:

1. _____

2. _____

Please provide two (2) family or friend contact names, phone numbers and email addresses for our files:

1. _____

2. _____
