



814 -1<sup>st</sup> Street N  
PO Box 337  
Three Hills, AB T0M 2A0  
(403)443-5216  
Fax: (403)443-5271

## General Information for Seniors' Self-Contained Manors

Manors are located in Three Hills, Trochu, Linden, Acme, & Torrington

1. Rent is set by the Alberta Government, and is 30% of gross income. This is usually taken from Line 150 on the current Income Tax form. There is a maximum monthly rent of \$525.00 for singles, and \$650.00 for couples.
2. Gas and water, sewer and garbage rates are the responsibility of Kneehill Housing Corporation. The tenant is responsible for electricity, cable T.V. and telephone.
3. There is a \$15.00 per month charge for parking a vehicle on the property. A Vehicle plug-ins is provided at no additional cost to the tenant. The vehicle must be licensed and insured.
4. Each suite contains a bedroom, bathroom, kitchen and living room combined, and storage area. Fridge and stove are provided in each suite. Laundry facilities are located in each of our Manors at no cost to do laundry.
5. Upon a tenant moving into a suite, a \$300.00 security deposit is required, refunded upon vacancy as per the Lease Agreement signed when becoming a tenant. A one month notice to vacate is required, given on or before the 1<sup>st</sup> day of the month effective the last day of the month.
6. No pets are allowed in our Manors.
7. No smoking in the buildings. Tenants and their guests must smoke outside.
8. The Application for Accommodation form must be completed and then signed before a Commissioner for Oaths. You may come into the Kneehill Housing Corporation office as the CAO and Housing Coordinator are Commissioners for Oaths.
9. The medical report must be completed by a doctor for each applicant.

Dear Prospective Tenant,

Thank you for your interest in obtaining housing with Kneehill Housing Corporation! We operate subsidized senior citizen housing in Three Hills, Trochu, Linden, Acme and Torrington.

Please find enclosed the application form and the medical form. The following list of documents form a complete application:

- Application form – The Housing Coordinator is a Commissioner for Oaths and will commission your application free of charge.
- A copy of your most recent "Notice of Assessment" Tax form, showing line 150.
- Proof of RRSP, RIF, and Annuity withdrawals reported on your previous Income Tax return.
- A completed Kneehill Housing Corporation Medical Examination Report for each applicant, signed by your doctor. This form should be faxed to the office at 403-443-5271.
- References: If you do not have a landlord, please list 3 character references and phone numbers on page 6 of the application form.

Once your application is completed, please arrange an interview with the Housing Coordinator. All the documents for the application should be brought to the interview at 814 -1 Street North, Three Hills, AB (the office is in the Golden Hills Lodge). If you have any questions or to make an appointment, please call Donna-Lynn at 403-443-5216.

Yours truly,

Donna-Lynn Ratzlaff  
Housing Coordinator

This personal information is being collected under the authority of the Alberta Housing Act and its regulations and will be used to evaluate the need and eligibility for subsidized senior citizen housing. All information collected for this purpose will be kept confidential as per the Freedom of Information and Protection of Privacy Act.

APPLICATION FOR ACCOMMODATION  
SENIOR CITIZENS SELF-CONTAINED APARTMENTS (CONFIDENTIAL)  
PLEASE READ CAREFULLY

I understand that this is just an application and that it is not an agreement on the part of Kneehill Housing Corporation, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Kneehill Housing Corporation, or its agents, 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 Kneehill Housing Corporation, or its agents to investigate any or all of the statements made by me in this application, 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 Kneehill Housing Corporation, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

**\*\*TO BE COMPLETED BY COMMISSIONER FOR OATHS\*\***

DOMINION OF CANADA  
PROVINCE OF ALBERTA

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

I, \_\_\_\_\_, 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 district 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\_\_\_\_\_

\_\_\_\_\_  
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

(PLEASE PRINT)

NOTE: PLEASE ANSWER **ALL** QUESTIONS

1. Applicant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_ Alberta Health Care No.: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Alberta Health Care No.: \_\_\_\_\_

3. Present Address: \_\_\_\_\_  
(P.O. Box/Apartment No./Street)

\_\_\_\_\_  
(City/Town/Village) (Postal Code)

Home Telephone No.: \_\_\_\_\_ Alternate Ph. No.: \_\_\_\_\_

4. Alternate Contact Person: \_\_\_\_\_  
(Name) (Telephone No.)

Are all applicants a Canadian Citizen?  Yes  No

If no, provide copies of immigration papers for members who are not Canadian Citizens.

5. Have you ever been a recipient of subsidized housing before?  Yes  No

If yes, when? \_\_\_\_\_ If yes, where? \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

If you receive Home Care Services, please provide details and name of Case Coordinator.

\_\_\_\_\_  
\_\_\_\_\_

7. ANNUAL INCOME – **A copy of the most recent Notice of Assessment for the applicant and co-applicant must accompany the application form.**

	Applicant	Co-Applicant
Line 150 of most recent Notice of Assessment	\$ _____	\$ _____
RRSP, RIF withdrawals during most recent Tax year	\$ _____	\$ _____
Principal portion of annuity payments	\$ _____	\$ _____

ASSETS: Please list all investments/assets such as stocks, bonds, term deposits, bank accounts, real estate, foreign investments, registered retirement savings plan, etc.

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Home: Estimated Net Equity \_\_\_\_\_

8. If you or your co-applicant have employment income(s), please state the name(s) and telephone number(s) of the employer(s).

\_\_\_\_\_  
Name of Employer Telephone Number

\_\_\_\_\_  
Name of Co-Applicant's Employer Telephone Number

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

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

10. If renting, name of your present Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

How long have you resided here? \_\_\_\_\_

Please provide name and phone number of your previous Landlord in order to obtain a reference if you have been less than 2 years at your present address.

\_\_\_\_\_  
Company or Manager Name Telephone Number

How long did you reside there? \_\_\_\_\_

11. Is your present accommodation a:  House  Apartment/Elevator  Yes  Rooming House  
 Motel/Hotel  Other  No \_\_\_\_\_

12. Rooms in your present accommodation:  Kitchen  Living Room  Dining Room

\_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Number of Bedrooms

13. Number of person(s) sharing your present accommodation: **(Other than yourself.)**

\_\_\_\_\_ Adults \_\_\_\_\_ Children

14. Does any member of your household require accommodation adapted for a special need (ie. wheelchair accessibility, etc.) If so, what type? \_\_\_\_\_

15. Family Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

If YES, Number of Person(s) sharing the kitchen \_\_\_\_\_

Number of Person(s) sharing the bathroom \_\_\_\_\_

Number of Person(s) sharing the bedroom \_\_\_\_\_

17. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom?

Yes  No If NO, please give details: \_\_\_\_\_

\_\_\_\_\_

18. Are your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen?

Yes  No If NO, please give details: \_\_\_\_\_

\_\_\_\_\_

19. Do you have a pet?  Yes  No

**Please note that Kneehill Housing Corporation has a "No Pet" policy.**

20. Do you require a parking stall?  Yes  No

Car-Color/Year/Make/Model: \_\_\_\_\_

21. Have you every been asked to vacate your premises?  Yes  No

If yes, where? \_\_\_\_\_ Reason: \_\_\_\_\_

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

22. Do you smoke?  Yes  No

**Smoking is permitted in designated outdoor areas only.**

23. Please describe your current situation. What are your reasons for wanting to move?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Please provide the names and phone numbers for 3 references, **if** you do not have a landlord.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **Authorization to Obtain Information and Consent to Disclose Information**

Eligibility for social housing accommodation and rent calculation throughout the tenancy is based on information that the Tenant and other members of the Tenant's household supplied on the application and up-dates from time to time during the period of the tenancy. The information referred to in this authorization may be requested or disclosed for the purpose of assisting Kneehill Housing Corporation in verifying household and income information contained in an application for social housing accommodation, assessing and verifying on-going eligibility for social housing accommodation, verifying initial and on-going household income and financial circumstances in order to calculate or re-calculate rent payable pursuant to the Social Housing Accommodation Regulation under the Alberta Housing Act.

Many employers or agencies who furnish assistance and/or benefits (HRDC, Social Services, Employment Insurance, WCB, etc.) will not release information without written consent from the employee or recipient. The Kneehill Housing Corporation, therefore, requests the following be signed by all persons aged 15 years and older who are listed on the Social Housing application.

I/We do hereby authorize for any one or more of the above stated purposes:

- a) The Kneehill Housing Corporation (KHC), or its designate to verify all information relating to this Social Housing application and any future information provided to KHC throughout the entire tenancy period. Such information may be verified by KHC or its designate making inquiries of and obtaining information (including personal information) from previous, current and future employers; credit bureaus; financial institutions; federal, provincial or municipal government departments, offices, agencies and boards; previous landlords; and others from whom I receive income or benefits;
- b) The Kneehill Housing Corporation to release and exchange any information and documents including personal information by and between the KHC and such other authorities as, but not limited to, all federal, provincial, and municipal departments or offices, social support agencies, interpreter(s), credit bureaus, financial institutions or past or current employers;
- c) All parties/agencies noted in the previous paragraph from whom I receive income or benefits to release the same such information to the Kneehill Housing Corporation;
- d) All past and current landlords to provide to KHC such information as may be requested by KHC concerning my tenancy with such landlords (including personal information) including the period of tenancy, the rent payable, the rent payment history, the manner in which I kept the interior and exterior of the property rented, whether there are any complaints to the landlord concerning myself as a tenant and particulars of any such complaints, and where there are any breaches of the tenancy agreement with the landlord and particulars of any such breaches;

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Authorization to Obtain Information

I/We do hereby agree that this Authorization to Obtain Information and Consent to Disclose Information cannot be revoked by me while I am a tenant under a Residential Lease with Kneehill Housing Corporation as Landlord, while I am an occupant of any social housing accommodation owned or managed by Kneehill Housing Corporation and following the end of such tenancy or occupancy while Kneehill Housing Corporation is carrying on any investigation as to the accuracy and completeness of information provided by me to Kneehill Housing Corporation.

Applicant: \_\_\_\_\_  
Printed Name Social Insurance Number

\_\_\_\_\_  
Signature Date

Applicant: \_\_\_\_\_  
Printed Name Social Insurance Number

\_\_\_\_\_  
Signature Date

**The Kneehill Housing Corporation is authorized to collect this information under Part 2, Division 1, Section 33(1)(g)(i) of the Freedom of Information and Protection of Privacy Act.**



## MEDICAL EXAMINATION REPORT for Seniors Self Contained Apartments

The form is to supplement other information to determine if the Applicant is physically and mentally able to look after himself/herself in a self-contained Apartment-type complex.

APPLICANT NAME: \_\_\_\_\_ EXAMINATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

**PLEASE NOTE: THIS APPLICATION CANNOT BE  
ACCEPTED IF IT IS NOT COMPLETELY FILLED OUT.  
FEES CHARGED TO COMPLETE THE REPORT ARE THE  
RESPONSIBILITY OF THE APPLICANT.**

### APPLICANT AUTHORIZATION

I hereby, Authorize any Physician, Medical Clinic, Hospital or other person that has any records or knowledge of my health to provide full information to the KNEEHILL HOUSING CORPORATION or any authority acting on their behalf.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### Physical Examination

1. Mobility: Walks without assistance \_\_\_\_\_ With assistance \_\_\_\_\_ W/C or Walker \_\_\_\_\_
2. Does the applicant have any difficulty communicating? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

### Activities of Daily Life

Is the applicant able to...

1. Prepare his/her own meals? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do his/her own housekeeping? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Manage his/her own hygiene? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant have any concerns with...

1. Hearing? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Vertigo? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant require home care? Yes \_\_\_\_\_ No \_\_\_\_\_

Has a referral been made to home care? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant have a serious medical condition that should be brought to the manager's attention? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Does the applicant have a condition that would cause him/her to be a danger to themselves or other tenants? Yes\_\_\_\_ No\_\_\_\_

If yes, explain \_\_\_\_\_

### Independence Factors

Does the applicant...

1. Show any signs of dementia? Yes\_\_\_\_ No\_\_\_\_

If yes, explain \_\_\_\_\_

2. Have any history of alcohol or substance abuse? Yes\_\_\_\_ No\_\_\_\_

If yes, explain \_\_\_\_\_

3. Has the applicant been diagnosed with any deteriorating physical or mental health condition that may impair his/her ability to manage independently at present or in the near future? Yes\_\_\_\_ No\_\_\_\_

If yes, explain \_\_\_\_\_

Please comment on any idiosyncrasies, sleeping patterns, personal hygiene.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any further remarks that may be helpful in evaluating the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in a self-contained apartment building where no special care, nursing care or monitored diets are available? Yes\_\_\_\_ No\_\_\_\_

If no, explain \_\_\_\_\_

Is the Applicant capable of living within a communal environment in which seniors socialize and communicate at regular intervals and remain independent versus relying on others for assistance? Yes\_\_\_\_ No\_\_\_\_

SIGNATURE OF MEDICAL PHYSICIAN: \_\_\_\_\_

PRINTED SIGNATURE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

**Please FAX completed report to Kneehill Housing Corporation at 403-443-5271.**