



814 -1st 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 \$10.00 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 Lease Agreement signed when becoming a tenant. A one month notice to vacate is required, given on or before the 1st 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 or RIF withdrawals reported on your previous Income Tax return.
- Proof of 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 5 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.

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?

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.