



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

### General Information for Seniors' Self-Contained Manors

1. Manors are located in Three Hills, Trochu, Linden, Acme, & Torrington
2. Rent is 30% of total household income. The maximum monthly rent is \$731.00 for a one bedroom apartment.
3. Included in the rent: heat, water/sewer, garbage and laundry facilities.
4. NOT included in the rent: electricity, parking, cable/satellite TV, phone and internet. Depending on the location, the tenant may need to set up an account with an electricity provider.
5. A Security deposit of \$300.00 is required **before** moving in.
6. **No pets** are allowed anywhere on Kneehill Housing Corporation property.
7. **No smoking** in the buildings. Tenants and their guests must smoke outside in the designated smoking area.
8. The medical report must be completed by a doctor for each applicant.
9. A Point Score Rating is used to evaluate which applicant is in greatest need. Any changes to the information on the application must be reported to the Housing Coordinator.

## Seniors Self Contained Manors

### Required Documentation Checklist

#### **ALL Financial documents must have Name, Date, Amount and Source of Income**

Documents confirming all Income, including:

- Recent tax year Notice of Assessment for each applicant
- Old Age Security (OAS)
- Canada Pension Plan (CPP)
- Guaranteed Income Supplement (GIS)
- Alberta Seniors Benefit (ASB)
- Private Pension
- AISH or Income Support (reporting card or eligibility form)
- Employment income (3 months of pay stubs or letter from employer)

Documents confirming all Assets, including:

- RRSPs
- RRIFs
- Mutual Funds
- Tax Free Savings Account (TFSA)
- GICs
- Bank Account Statement
- Property Tax Assessment / Realtor Listing / Mortgage Statement
- Inheritance / Royalties

Kneehill Housing Corporation Medical Examination Report must be completed by your family physician.

**\*\*Further documentation may be required based on personal circumstances\*\***

Once your application is complete, please call 403-443-5216 to schedule an interview with the Housing Coordinator, located at 814 -1 Street North, Three Hills, AB (the office is in the Golden Hills Lodge).



SENIORS' SELF-CONTAINED APARTMENTS  
APPLICATION FOR ACCOMMODATION  
(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.

By inserting my initials, I submit that I have read, I understand and I agree to the above statements.

\_\_\_\_\_  
(Initials)

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.

Office Use Only Interview Date: Date Point Score Completed: Acceptance Date: Unit:
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(PLEASE PRINT)

NOTE: PLEASE READ CAREFULLY AND 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)

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

Home Telephone No.: \_\_\_\_\_ Cell Phone 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;

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 report is to supplement the application to determine if the Applicant is physically and mentally able to care for him/herself in a self-contained Apartment-type complex.

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

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

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

PLEASE NOTE: THIS REPORT 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 \_\_\_\_\_  
 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 _____ |
| 4. Manage his/her own medications? | Yes _____ | No _____ |

Do you have any concerns with the applicant's ...

- |                   |           |          |
|-------------------|-----------|----------|
| 1. Hearing?       | Yes _____ | No _____ |
| 2. Vertigo?       | Yes _____ | No _____ |
| 3. Mental Health? | Yes _____ | No _____ |

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

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 or infectious disease 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? (ie. leave stove or taps on) Yes\_\_\_\_ No\_\_\_\_

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

### Independence Factors

Does the applicant...

1. Show any signs of dementia or paranoia? 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, allergies, hoarding tendencies, etc. that may be helpful in evaluating the applicant's suitability.

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Do you consider this applicant to be functionally independent, mentally and physically, and able 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\_\_\_\_

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

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

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

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

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

**Please FAX completed report to Kneehill Housing Corporation at 403-443-5271 or email to [info@kneehillhousing.com](mailto:info@kneehillhousing.com).**