

Dnipro - Selo Housing Society

St. Andrew's Ukrainian Selo
#100, 8025 – 101 Avenue Edmonton, Alberta T6A 0K4
780-469-4141

Ukrainian Dnipro Seniors' Citizens Home
11030 – 107 Street Edmonton, Alberta T5H 4G5
780-425-5097

www.dniproselo.com

Fax: 780-468-5667

dniproselo@telus.net

[Confidential] APPLICATION FOR ACCOMMODATION - SENIOR CITIZENS

*Please number in order of preference which building(s), you are applying for: DNIPRO___ SELO___

I understand that this is just an application and that it is not an agreement on the part of Dnipro-Selo Housing Society to provide me with rental accommodation.

I further acknowledge the right of Dnipro-Selo Housing Society, 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 Dnipro-Selo Housing Society to investigate all the statements made by me in this application, being aware that discovery of any false statement may cancel any further consideration of my application.

I further agree that I am obligated to advise Dnipro-Selo Housing Society, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

Signature of Applicant

Signature of Witness

THIS PART FOR COMMISSIONER OF OATH USE ONLY

STATUTORY DECLARATION

DOMINION OF CANADA, PROVINCE OF ALBERTA IN 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_____.

A commissioner for Oaths in and for the Province of Alberta

Signature of Applicant

Printed Name of Commissioner for Oaths

My appointment expires on _____
Day/Month/Year

All of the information on the Application for Accommodation form is collected in order to determine eligibility for *senior's* subsidized housing with Dnipro-Selo Housing Society in accordance with the Freedom of Information & Protection of Privacy Act.

Please review the following information, regarding the completion of this application

1. Complete all questions and supply ALL of the required information. If a question does not apply to you, mark N/A in the section.
2. You will be required to provide a current income tax Notice of Assessment to verify your income, a current bank statement for one complete month from the 1st to the last day of the month, a copy of the most current year's complete tax filing package including stubs, a medical form completed by your doctor, and a Housing Reference Consent.
3. The applicant is required to sign this form in four places.
4. Your completed application must be signed in the presence of a Commissioner For Oaths in and for the Province of Alberta. This service is provided at our office, free of charge, by appointment. Please call 780-469-4141 or 780-425-5097.
5. Incomplete applications will not be processed.
6. All information on this application is confidential.
7. Applicant may be interviewed as part of the approval process.

PLEASE PRINT

1. APPLICANT'S NAME: _____
(Last Name) (Middle Name) (First Name)

Date of Birth: ____ / ____ / ____ Language(s) Spoken: _____
Day Month Year

Current Address: _____
(P.O. Box/Apartment No./Street) (City/Town/Village) (Postal Code)

Telephone No.: _____
(Home) (Cellular) (Work)

Marital Status: Married ____ Divorced ____ Single ____ Separated ____ Widowed ____

Are you a Canadian Citizen?: ____ Yes ____ No (If no, please provide copies of immigration papers.)

2. CO-APPLICANT'S NAME: _____
(Last Name) (Middle Name) (First Name)

Date of Birth: ____ / ____ / ____ Language(s) Spoken: _____
Day Month Year

Current Address: _____
(P.O. Box/Apartment No./Street) (City/Town/Village) (Postal Code)

Telephone No.: _____
(Home) (Cellular) (Work)

Marital Status: Married ____ Divorced ____ Single ____ Separated ____ Widowed ____

Are you a Canadian Citizen?: ____ Yes ____ No (If no, please provide copies of immigration papers.)

3. Please list two (2) people who can be contacted in the event of an emergency:

1) _____ Relationship: _____
(Full Name)

Telephone No.: _____
(Home) (Cellular) (Work)

2) _____ Relationship: _____
(Full Name)

Telephone No.: _____
(Home) (Cellular) (Work)

By naming the individuals above the applicant consents to the release of information between Dnipro-Selo Housing Society staff and these individuals regarding *the applicant's health, safety, well-being, and/or ability to maintain independent living.*

4. Please list two (2) of your next of kin:

1) _____ Relationship: _____
(Full Name)

Current Address: _____
(P.O. Box/Apartment No./Street) (City/Town/Village) (Postal Code)

Telephone No.: _____
(Home) (Cellular) (Work)

2) _____ Relationship: _____
(Full Name)

Current Address: _____
(P.O. Box/Apartment No./Street) (City/Town/Village) (Postal Code)

Telephone No.: _____
(Home) (Cellular) (Work)

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

Current rent or mortgage is \$ _____/month plus \$ _____/month for utilities.

6. If renting, give the name of your current landlord: _____
(Full Name)

Current Address: _____
(P.O. Box/Apartment No./Street) (City/Town/Village) (Postal Code)

Telephone No.: _____
(Home) (Cellular) (Work)

How long have you resided at your current address? _____

If less than five years, please list previous landlord: _____
(Full Name)

Current Address: _____
(P.O. Box/Apartment No./Street) (City/Town/Village) (Postal Code)

Telephone No.: _____
(Home) (Cellular) (Work)

How long did you live at your previous above address? _____

7. May we contact your current and/or previous landlord? Yes No

*By naming the individuals in question 5, the applicant consents to the release of information between Dnipro-Selo Housing Society staff and these individuals regarding the applicant's current or previous tenancies.

8. Have you ever been asked to vacate your current premises or past? ____ Yes ____ No
If yes, why?

9. Is your present accommodation a: ____ House/Condo ____ Lodge ____ Motel/Hotel
____ Apartment with elevator ____ Apartment without elevator ____ Other: _____

10. Identify rooms in your present accommodation: ____ Kitchen ____ Living Room
____ Dining Room No. of Bathroom(s) ____ No. of Bedrooms(s) ____

11. Number of person(s) in your present accommodation: ____ Adults ____ Children
Number of person(s) sharing: ____ the kitchen ____ the bathroom ____ the bedroom

12. Do you require a handicapped unit? ____ Yes ____ No

13. Do you require a parking spot? ____ Yes ____ No

14. Do you have pet? ____ Yes ____ No

PLEASE NOTE: No pets! Except fish in an aquarium, will be permitted on any part of the premises or common areas of which they form part of.

15. Do you receive Home Care Services?: Yes No

(Name of Company)

(Name of Case Coordinator)

Telephone No.: _____
(Main)

(Alternate)

16. Reasons for wanting move: _____

17. Other information I wish to provide: _____

18. REFERENCES: Please provide the name and phone number of two (2) people who are not relatives.

1) _____ Relationship: _____
(Full Name)

Telephone No.: _____
(Home) (Cellular) (Work)

2) _____ Relationship: _____
(Full Name)

Telephone No.: _____
(Home) (Cellular) (Work)

19. MONTHLY INCOME - All incomes must be verified upon acceptance as a tenant. Copy of previous year's Income Tax package is required.

	Applicant \$ (Monthly)	Co-Applicant \$ (Monthly)
Old Age Security	_____	_____
Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit Program	_____	_____
Canada Pension Plan	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Spouse Allowance	_____	_____
War Veterans Allowance	_____	_____
Other Income: Specify _____	_____	_____
Other Income: Specify _____	_____	_____
TOTAL:	_____	_____

INVESTMENTS/ASSETS: Please list all investments/assets and interest/income derived from bank accounts, stocks, bonds, term deposits, real estate, registered retirement savings plan, etc.

TYPE:	INTEREST/INCOME		
_____ \$	Yearly \$ _____	Monthly \$ _____	
_____ \$	Yearly \$ _____	Monthly \$ _____	
_____ \$	Yearly \$ _____	Monthly \$ _____	
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____	

20. Highest sources of income: ___ Pension ___ Income Support ___ Employment
 ___ AISH ___ Self-Employed ___ Other _____

21. Name of company (if employed): _____
 Name of your employer: _____ Telephone No.: _____

_____	_____
Applicant Signature	Date
_____	_____
Co-Applicant Signature	Date