



Box 249, Carbon, Alberta, T0M 0L0

Tel: 403.572.3244 Fax: 403.572.3778

**APPLICATION FOR PARKVIEW LODGE**

**THE INFORMATION GIVEN IN THIS APPLICATION IS RELATED DIRECTLY TO AND IS NECESSARY TO QUALIFY THE APPLICANT FOR SENIORS SELF CONTAINED AS PER THE ALBERTA HOUSING ACT AND THEREFORE IS PROTECTED UNDER THIS ACT.**

**APPLICANT REQUIREMENTS:**

- a) Must be a Canadian Citizen
- b) Area Resident for 3 months prior
- c) Possess an Alberta Health Care Card

**PLEASE NOTE IN ORDER TO QUALIFY FOR SENIORS SELF CONTAINED HOUSING THE APPLICANT MUST BE ABLE TO CARE FOR ONE SELF, INDEPENDENTLY.**

**THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, AND MUST INCLUDE COPIES OF YOUR MOST RECENT INCOME TAX NOTICE OF ASSESSMENT FORM.**

**THE LAST PAGE OF THIS APPLICATION IS TO BE SIGNED BY A COMMISSIONER FOR OATHS. FOR YOUR CONVENIENCE OUR OFFICE PROVIDES A COMMISSIONER FOR OATHS FOR THE PROVINCE OF ALBERTA.**

**VILLAGE OF CARBON HOURS:**

**8:00AM – 12:00AM; 1:00PM - 4:00PM  
(CLOSED STAT HOLIDAYS)**

**NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_**

1. Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.I.N. \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Marital Status: Married ( ) Single ( ) Divorced ( )  
Separated ( ) Common-Law ( ) Widowed ( )

2. Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.I.N. \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

3. Are you a: ( ) Canadian Citizen ( ) Landed Immigrant ( ) other

4. Present Address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone #: \_\_\_\_\_

5. <b><u>MONTHLY INCOME</u></b>	<b>HEAD</b>	<b>SPOUSE</b>
Old Age Security/ Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Veterans Allowance	_____	_____
War Veterans Pension	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income (specify)	_____	_____

ASSETS: Please list all investments/assets and interest/income derived for investments such as stocks, bonds, term deposits, bank accounts, real estate, etc.

INVESTMENTS/ASSETS

INTEREST/INCOME

\_\_\_\_\_ YEARLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

6. Do you own or rent your present accommodation: \_\_\_\_\_ own \_\_\_\_\_ rent  
Present rent or house payment is \$ \_\_\_\_\_ per month. Plus \$ \_\_\_\_\_ for heat,  
\$ \_\_\_\_\_ for electricity and \$ \_\_\_\_\_ water/sewer.

7. If renting, name of present landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

8. Have you ever rented from any subsidized housing program? If yes, when and where?  
\_\_\_\_\_

9. Is your present accommodation a \_\_\_\_\_ house, \_\_\_\_\_ apartment or other \_\_\_\_\_

10. Do you have a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, what type of pet?)

11. Do you have a vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes make/model of vehicle \_\_\_\_\_ License Plate# \_\_\_\_\_

12. Reasons for wanting to move:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please state any physical disabilities or medical devices used now or in the future (eg. Wheelchairs, scooter, walker)  
\_\_\_\_\_

14. Family Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

15. Next of Kin (emergency contact)

a) Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone #: \_\_\_\_\_

b) Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone #: \_\_\_\_\_

