

# *Vista* Housing for Seniors

## APPLICATION FOR ACCOMMODATION

All of the information on the Application for Accommodation form is collected in order to determine eligibility for senior's subsidized housing with *Vista* Housing for Seniors, in accordance with the Freedom of Information & Protection of Privacy (FOIP) Act. All information collected is confidential.

### **Please review the following information, regarding the completion of this application.**

Complete all questions and supply all of the required information. If a question does not apply to you, mark N/A in the section. **Incomplete applications will not be processed.** It is the applicant's responsibility to ensure that all information is complete. This is specifically a problem when medical reports are faxed separate from the application form.

- 1) Vista's mandate is to provide affordable accommodations to senior citizen households who are 65 years of age or older. In the event of a couple who is applying for housing, priority will be given to those where a least one member of the household is 65 years of age or older. The co-applicant must be at least 60 years of age or older. Applicants and co-applicants must be able to live independently in an apartment setting.

Persons under the age of 65 are permitted to apply for housing with our office, however, they will only be considered for accommodation at properties where there is a 10% vacancy rate or higher, and only when there are no applicants who are 65 years of age or older waiting for accommodation.

- 2) You are required to provide a CURRENT Income Tax Notice of Assessment. If you do not have a copy of your return, you can get a copy sent to you through Service Canada by calling 1-800-622-6232. If you do not have your Income Tax Notice of Assessment, you may provide 6 months of current bank statements along with a copy of ALL Income Tax Stubs. In turn, you will be asked to provide your Notice of Assessment once you receive it. The applicant's annual income must also be below the Core Need Income Threshold established by the Provincial Government. For example, this figure is \$44,000.00 per year for a 1-bedroom apartment for 2023.
- 3) Include the attached Medical Form(s) completed by your family doctor. Please note that one form is required for the applicant and an additional form is required if you have a spouse or co-applicant. Your doctor's office may make a photo-copy of our medical report if required.
- 4) You may scan and e-mail your application to [admin@vistahousing.org](mailto:admin@vistahousing.org), fax your application to 780-475-0275, or drop off your application in person to our main office. Vista Housing for Seniors address is 11622 – 119 Street, Edmonton, AB. Please call 780-476-1470 for our office hours.
- 5) Your application must be signed in the presence of a Commissioner for Oaths. This service is provided at our office, free of charge. Our office will contact you 1-2 weeks after receiving your application to book an interview, and the oath can be completed at that time. Applicants will be interviewed as part of the approval process.
- 6) All applications will be considered active for a 1-year period. Applicants will be contacted once their application is completed and their landlord references have been checked. If an applicant has **not** been offered an apartment at the end of the 1-year time period, you will be notified that your application has been closed and that you will need to re-apply.
- 7) If you have a sponsorship agreement, please note that you are not entitled to receive a rental subsidy from the Provincial Government. If approved for housing, your base rent would then be set at our Market Rental Rate.
- 8) If you are approved for residency with our office, you will be required to sign a copy of our Crime Free Multi-Housing Lease Addendum as a condition of your tenancy.

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**Please note that Vista Housing for Seniors does not provide emergency or interim housing.**

**ALL VISTA HOUSING FOR SENIORS PROPERTIES ARE NON-SMOKING BUILDINGS**

Number, in order of preference, the building(s), you are applying for:

- \_\_\_\_\_ Bethel Senior Citizens Residence located at 7728 – 82 Avenue
- \_\_\_\_\_ Calder Place located at 12934 – 119 Street
- \_\_\_\_\_ Mary A. Finlay Manor located at 10209 – 134 Avenue
- \_\_\_\_\_ Norwood Golden Manor located at 11715 – 95 Street
- \_\_\_\_\_ Ortona Villa located at 10421 – 142 Street
- \_\_\_\_\_ St. Elia's Pysanka Manor located at 11906 – 66 Street
- \_\_\_\_\_ Tower One located at 12840 – 64 Street
- \_\_\_\_\_ Viselka located at 11415 – 86 Street
- \_\_\_\_\_ Alliance Villa located at 12620 – 109A Avenue
- \_\_\_\_\_ Central Baptist Manor located at 9403 – 95 Avenue
- \_\_\_\_\_ Chinese Alliance Manor located at 9312 – 149 Street
- \_\_\_\_\_ Millbourne Manor located at 2115 Millbourne Road West
- \_\_\_\_\_ Casa Romana located at 13439 – 97 Street
- \_\_\_\_\_ Piazza Italia located at 9521 – 108A Avenue
- \_\_\_\_\_ St. Andrew's Selo located at 8025 – 101 Avenue
- \_\_\_\_\_ Dnipro Seniors Residence located at 11030 – 107 Street

<b><i>For Office Use Only</i></b>
Date Received Fully Complete: _____
Date Approved & Point Scored: _____
1 Year Follow-Up: _____

APPLICANT'S NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

DATE OF BIRTH: \_\_\_\_\_ Please note: Applicant must be at least 60 years of age.

APPLICANT'S E-MAIL ADDRESS: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

DATE OF BIRTH: \_\_\_\_\_ Please note: Co-applicant must be at least 60 years of age.

CO-APPLICANT'S E-MAIL ADDRESS: \_\_\_\_\_

1. Are all members listed above Canadian Citizens?      Yes      No  
If no, provide copies of immigration papers for members who are not Canadian Citizens.

If you have a sponsorship agreement, please note that you are not entitled to receive a rental subsidy from the Provincial Government and if approved for housing would be responsible to pay Market Rent.

2. PRESENT ADDRESS: \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

3. INCOME – All members of the household applying for housing are required to provide the most recent Income Tax Notice of Assessment.

4. Do you own or rent your present accommodation?    \_\_\_ Own      \_\_\_ Rent  
Present rent or house payment is \$ \_\_\_\_\_ per month, plus \$ \_\_\_\_\_ for heat,  
\$ \_\_\_\_\_ for electricity, and \$ \_\_\_\_\_ for water and sewer.

If renting, NAME OF LANDLORD: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

HOW LONG HAVE YOU LIVED HERE? \_\_\_\_\_

If less than five years at your current accommodation with your present Landlord, please list previous landlord:

NAME OF LANDLORD: \_\_\_\_\_

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

PHONE NO.: \_\_\_\_\_ HOW LONG DID YOU LIVE THERE? \_\_\_\_\_

*By naming the individuals in question 4, the applicant consents to the release of information between Vista Housing for Seniors staff and these individuals regarding the applicant's current or previous tenancies.*

X \_\_\_\_\_

Signature of Applicant

X \_\_\_\_\_

Signature of Co-applicant

5. Is your present accommodation a:  
\_\_\_ House \_\_\_ Townhouse \_\_\_ Apartment \_\_\_ Rooming House \_\_\_ Hotel or Motel  
Other \_\_\_\_\_

6. Rooms in your present accommodation: \_\_\_ Kitchen \_\_\_ Living Room \_\_\_ Dining Area  
Number of bathrooms: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

7. Do you share any part of the accommodation with person(s) other than those listed on this application?  
Yes No

If yes, how many other persons? \_\_\_\_\_ Number of adults: \_\_\_\_\_

Number of children: \_\_\_\_\_ What part of the accommodation is shared?  
\_\_\_\_\_

If you do not pay rent, do you contribute financially? Yes No

If yes, specify: \_\_\_\_\_

8. Do you require the physical modifications of a wheel-chair accessible apartment?  
Yes No

9. Do you require a parking spot for your personal vehicle? Yes No

10. Pets: Please be advised that Vista Housing for Seniors does not accept pets.

11. Have you ever been asked to vacate your premises? Yes No

If yes, why? \_\_\_\_\_

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

13. Other information I wish to provide: \_\_\_\_\_

14. Please list at least 2 people who can be contacted in the event of an emergency. Please provide their name, relationship to you and daytime telephone number(s)

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

15. If you receive Home Care Services, AISH, Social Assistance or services from another community based service agency, please list the name and telephone number of your worker and / or coordinator:

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

*By naming the individuals in questions 14 & 15, the applicant consents to the release of information between Vista Housing for Seniors staff and these individuals regarding the applicant's health, safety, well being and / or ability to maintain independent living.*

**X** \_\_\_\_\_  
Signature of Applicant

**X** \_\_\_\_\_  
Signature of Co-Applicant

16. What is your primary source of income?

\_\_\_ Pensions \_\_\_ Employment \_\_\_ EI (Employment Insurance) \_\_\_ AISH \_\_\_ Income Support  
\_\_\_ Other – please list \_\_\_\_\_

I / We understand that the attached Residential Lease Addendum Agreement is part of the application process. If the applicant is approved and accepted for tenancy, this addendum becomes part of the Residential Lease Agreement

I / We understand that this is just an application and that it is not an agreement for lease on the part of Vista Housing for Seniors, or its agents, to provide me / us with rental accommodation.

I / We further acknowledge the right of Vista Housing for Seniors, or its agents, at any time prior to the execution and delivery to me / us of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I / We authorize Vista Housing for Seniors, or its agents to investigate any or all of the statements made by me / us in this application, being fully aware that discovery of any false statements shall cancel any further consideration of my / our application.

I / We further agree that I / we am / are obligated to advise Vista Housing for Seniors, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

**X** \_\_\_\_\_  
Signature of Applicant

**X** \_\_\_\_\_  
Signature of Co-applicant

Date: \_\_\_\_\_

**THIS PAGE IS ONLY TO BE COMPLETED IN THE PRESENCE OF A COMMISSIONER FOR OATHS**  
**(Please do not fill in any information on your own ahead of time)**

**(DOMINION OF CANADA, PROVINCE OF ALBERTA) IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.**

I/We, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, in the Province of \_\_\_\_\_, do solemnly declare as follows:

1. That I / we am / are the applicant(s) named in this application;
2. That the statements made by me / us in this application are to the best of my / our knowledge, information, and belief, full and true in all respects;
3. That I / we have resided in the Province of \_\_\_\_\_ for \_\_\_\_\_ years of my / our life and in the area for \_\_\_\_\_ years.

And I / we 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 City of Edmonton, in the Province of Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of Alberta

X \_\_\_\_\_  
**Signature of Co-Applicant**

\_\_\_\_\_  
Printed name of Commissioner for Oaths

My Appointment expires on: \_\_\_\_\_  
Month / Day / Year

**VISTA HOUSING FOR SENIORS  
CONFIDENTIAL MEDICAL REPORT**

Please return this form to the following address via mail or fax:

**Vista Housing for Seniors  
11622- 119 Street  
Edmonton, Alberta T5G 2X7  
Fax: (780) 475-0275**

All of the information on this Medical Form is collected in order to determine eligibility for independent living, seniors' subsidized housing in an apartment setting with Vista Housing for Seniors in accordance with the Freedom of Information & Protection of Privacy Act.

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize my physician to release the medical information on this form to Vista Housing for Seniors.

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

**PHYSICAL EXAMINATION**

Mobility: Walks without help \_\_\_\_\_ Walks with help \_\_\_\_\_ Uses wheelchair \_\_\_\_\_

Is there a communication difficulty?  Yes  No

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

**ACTIVITIES OF DAILY LIFE**

Are there any concerns with incontinence?  Yes  No

Is the applicant able to prepare his/her own meals?  Yes  No

Is the applicant able to do his/her own housekeeping as required?  Yes  No

Can the applicant manage his/her own personal hygiene?  Yes  No

**INDEPENDENCE FACTORS**

Does the applicant show any signs of dementia?  Yes  No

Does the applicant have a history of alcohol or substance abuse?  Yes  No

Has the applicant been diagnosed with any deteriorating physical or mental health medical condition(s) that may impair his/her ability to manage independently at present or in the near future?  Yes  No

If yes, please explain and provide a list of any family or community supports that are available to the applicant in order to maintain their ability to live independently in an apartment setting.

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

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

If no, please explain what supports are required by the applicant and if these supports are already in place for the applicant. If the supports are not in place, are you able to make a referral for the applicant?

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

Name of Examining Physician (Please Print): \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How long has applicant been your patient? \_\_\_\_\_



Any charge for the completion of this form is the responsibility of the applicant. This certificate is valid for one year only.