

APPLICATION FOR INDEPENDENT LIVING ACCOMMODATION

File No. _____



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CALGARY, ALBERTA T2H 2K6
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This personal information is being collected under the authority of the Alberta Housing Act and will be used to determine need and allocation of housing. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact: 276 - 5541

Date of Application: _____

Applicant's Name: _____ Date of Birth: _____
(Last Name) (First Name) (month/day/year)

Alberta Health Care Number: _____ Social Insurance #: _____
(optional)

Number of Years Residing in Calgary: _____ Number of Years Residing in Canada: _____

Citizenship Status: Canadian Citizen/Landed Immigrant Sponsored Immigrant

Present Address: _____
(City/Town)

(Province) (Postal Code) **Telephone #s:** _____

Marital Status: Single Married Widowed Separated Divorced Common Law

Co-Applicant

Spouse's Name (if applicable): _____ Date of Birth: _____
(Last Name) (First Name) (month/day/year)

Alberta Health Care Number: _____ Social Insurance #: _____
(optional)

Number of Years Residing in Calgary: _____ Number of Years Residing in Canada: _____

Citizenship Status: Canadian Citizen/Landed Immigrant Sponsored Immigrant

Friend/Family Contact: _____
(Name) (Telephone #)

Character/Landlord Reference: _____
(Name) (Telephone #)

(A landlord reference, rental history and/or credit history will be required in order to assess eligibility for accommodations. Your signature demonstrating your consent can be found on page 4 of this document.)

Desired Type of Accommodations

Non-Smoking Unit Smoking Allowed in Unit 1 Bedroom Studio/Bachelor

Name of Preferred Property Managed by MCF:

- 1. _____
- 2. _____
- 3. _____

OR No Location/ Site Preference/ willing to accept whatever unit is available

Present Accommodations

Present accommodation is: House Apartment Other _____

Do you currently: Own Rent Live with Family Other _____

Length of time at present address: _____

Amount **applicant** pays for rent/mortgage: \$ _____ per month.

Do you pay for: Heat Electricity Water/Sewer?

If renting, name of Landlord: _____ Phone _____

Number of Bedrooms in present accommodation: ____ Do you share accommodations? ____

Reasons for wanting to move: _____

Are there current personal circumstances within you current household which make it critical for you to move? Please describe: _____

*** If you have been given a "NOTICE TO VACATE", please submit a copy of the notice.**

Do you currently support a dependent adult/child? Yes No _____

Do you have difficulty managing stairs? Yes No _____

Are there stairs in your **current** accommodation? Inside: Yes No & Outside: Yes No

Does any member of your household require accommodations adapted for special needs? For example: Wheelchair accessible: Yes No If yes, please describe: _____

Are there areas within your current accommodation that provide a safety or security risk?

Please describe: _____

APPLICATION PROCESS FOR INDEPENDENT LIVING ACCOMMODATION

MCF Housing for Seniors will require a **fully completed** application signed by the applicant(s) in order to process the application for subsidized housing. MCF will contact an applicant by telephone after receiving an application to confirm receipt of the document.

If the applicant is eligible for housing, the applicant's name will be added to the waiting list(s) of the location preference(s) as listed on the application. The wait list is based on priority need so it is not possible to advise people the anticipated waiting period. In situations where there is a vacancy without a waiting list, applicants will be given the opportunity to view the unit.

Once an applicant's name is next on the wait list, a phone call will be made requesting that the unit be viewed for consideration. Applicants will likely be viewing prior to the unit being ready for possession allowing one month notice to be given to the current landlord if necessary. Although a family member can view a unit on behalf of an out-of-city applicant as a preliminary step, the applicant **must** view the unit, meet with the Manager of Resident Services, and sign the necessary documentation to confirm eligibility.

It is MCF's policy that if an applicant turns down two units, the application is closed for a period of one year so it is important that careful thought and consideration be put into the location preference listed on the application form. Unfortunately, it is not possible to put people on the wait list for future consideration. In other words, if accommodations are not desired until a later date, it is in the applicant's best interests to wait and apply closer to their required tenancy date. It is important to be aware that there can be no guarantees that a unit will be available when the applicant wishes. Since wait listing is based on priority need, being on the list in advance does not necessarily benefit the applicant.

After a unit has been viewed and is acceptable to the applicant, an interview is scheduled with the Placement Coordinator at central office. This interview is usually scheduled prior to the unit being ready for possession. Once eligibility is confirmed a Tenancy Agreement will be completed.

It will be necessary for the applicant to bring in the following income documentation to the interview:

1. Notice of Assessment from the Federal Government (most recent). If you have income from a RSP/RIF or annuity we will require T slip information in order to deduct this amount.
2. A VOID cheque or automatic withdrawal form providing account information.
3. A security deposit will be required at the time of the interview (equivalent of one month's rent).

MCF does require a recent landlord reference, rental history and/or credit history. It is necessary to obtain your written consent so please complete the following and submit with your application:

I, (we) _____ *(please print)*, give my (our) permission to MCF Housing for Seniors to contact the person I (we) have listed as a landlord reference and/or access my credit and rental history information (listed on first page of application) for the purpose of assessing eligibility for social housing with MCF.

Date: _____

Signature: _____

Date: _____

Signature: _____