

APPLICATION FOR ACCOMMODATION SENIORS SELF CONTAINED (SSC) Frequently Asked Questions (FAQs)

****Please read in detail...**

Do I have the right application form?

If you are... A Senior (over age 65) and are applying for a suite in the seniors' apartments please complete the application form.

Do I need to answer all of the questions on the application?

Yes, all questions and requested documentation must be supplied in order for the application form to be processed. If a question does not apply to your situation, mark N/A in the section. **Incomplete applications will not be processed.**

How do I get the application signed by a Commissioner for Oaths?

A Commissioner for Oaths administers oaths, and takes and receives affidavits, declarations, and affirmations that will be used in Alberta. Your local Town Office, Pharmacist, or Lawyer's office are generally available to provide this service. Admissions Department can provide this service - **by appointment only.**

Is there any other documentation that I need to provide?

YES, please refer to the attached checklist for required documentation.

Are pets permitted?

No pets will be permitted to reside in any housing managed and administered by Mountain View Seniors' Housing, unless approved by MVSH under special circumstances

How long will it take to be placed/approved?

All of our facilities have waiting lists and placement is based on what your priority rating score is. Please allow two weeks minimum processing time, however processing times vary.

Where do I send the application once it is complete?

Please mail your completed application to:

Mountain View Seniors' Housing

Attention: Admissions
301, 6501 – 51st Street
Olds, AB T4H 1Y6

APPLICANTS seen by Appointment Only



REQUIRED DOCUMENTATION CHECKLIST

**ALL Financial documentation must have:
NAME, DATE, AMOUNT and SOURCE OF INCOME**

Documents confirming all Income including:

- o Recent Tax Years Notice of Assessment
- o Old Age Security (OAS)
- o Alberta Seniors Benefits (AB SB)
- o Guaranteed Income Supplement (GIS)
- o Canada Pension Plan (CPP)
- o Private Pension
- o AISH or Income Support (reporting card or eligibility form)
- o Employment Income (3 months worth of pay stubs or letter from employer)
- o Statutory Declaration (if documentation cannot be provided)

Documents confirming all Assets including:

- o RRSP's
- o RRIF's
- o Mutual Funds
- o Tax Free Savings Account (TFSA)
- o GIC's
- o Bank Account Statement
- o Property Tax Assessment / Realtor Listing
- o Inheritance / Royalties

Mountain View Seniors Housing Medical Examination Report must be completed by your family Physician

If required information is not provided, we will be unable to process your application

Further documentation may be required based on personal circumstances

CONTACT INFORMATION:

MOUNTAIN VIEW SENIORS' HOUSING
Email: admissions@mvsh.ca
Phone: 403-556-2957

APPLICATION FOR ACCOMMODATION - SENIORS SELF CONTAINED

CONFIDENTIAL PLEASE READ CAREFULLY

___ Olds ___ Sundre ___ Carstairs ___ Didsbury ___ Cremona

****Indicate manor choice by entering number in box - 1st and 2nd and 3rd choices****

I understand that this application does not constitute an agreement on the part of MOUNTAIN VIEW SENIORS' HOUSING, or its agents, to provide me with rental accommodation.

I further acknowledge the right of MOUNTAIN VIEW SENIORS' HOUSING, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize MOUNTAIN VIEW SENIORS' HOUSING, or its agents, to investigate any or all of the statements made herein, 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 MOUNTAIN VIEW SENIORS' HOUSING, or its agents, in writing, of any changes in family composition, gross family income, assets, employment's or changes of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

Signature of Applicant

Signature of Witness

Signature of Co-Applicant

Signature of Witness

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

I/we, _____, of the _____ of _____, in the
Province of _____, 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 Canada for _____ years of my life and in the Mountain View 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 _____) Signature of Applicant
in the Province of _____)
this _____ day of _____, 20 ____.)

Signature of Co-Applicant

Commissioner for Oaths Stamp

A Commissioner for Oaths in and for the Province of _____

Printed name of Commissioner for Oaths

My Appointment expires on _____
Day Month Year



APPLICATION FOR ACCOMMODATION - SENIORS SELF CONTAINED

CONFIDENTIAL PLEASE READ CAREFULLY

If a translator was required to complete this application, please provide their name and telephone number.

Translator's Name _____ Telephone Number _____

1. **Applicants Name:** _____
(Last name) (First name)

Date of Birth: _____ Marital Status: _____

Alberta Health Care No: _____

Telephone No: _____ Cell No: _____

Email Address: _____

2. **Co-Applicants Name:** _____
(Last name) (First name)

Date of Birth: _____ Marital Status: _____

Alberta Health Care No: _____

Telephone No: _____ Cell No: _____

Email Address: _____

3. **Present Address:**
a. Mailing Address: _____

b. Street Address: _____

4. **Alternate Contact:** _____
(Last name) (First name) (Relationship)

Telephone No: _____ Cell No: _____

Email Address: _____

Alternate Contact: _____
(Last name) (First name) (Relationship)

Telephone No: _____ Cell No: _____

Email Address: _____

5. **Are you a Canadian Citizen** Yes No

If no, please provide a copy of documents validating Canada Immigration status (front and back)
(ie: Landed Immigrant, Sponsored Immigrant, Permanent Resident, Refugee, etc.)

6. **Does any member of your household require accommodation adapted for a special need (i.e., wheelchair accessibility, etc.)**

Family's Doctor's Name: _____ Telephone No: _____

Address: _____

7. **Do you require a parking stall** Yes No

8. **If you or your co-applicant have employment income(s), please state the name(s) and address(es) of the employer(s)**

Name of your Employer: _____ Telephone No: _____

Address: _____

Name of your Co-applicant's Employer: _____ Telephone No: _____

Address: _____

9. **Monthly Income** - All incomes must be verified upon acceptance as a tenant.

	APPLICANT \$		CO-APPLICANT \$	
	Monthly	Yearly	Monthly	Yearly
Employment Income	_____	_____	_____	_____
Employment Insurance (EI)	_____	_____	_____	_____
Income Support	_____	_____	_____	_____
A.I.S.H.	_____	_____	_____	_____
GST (paid July, Oct, Jan, Apr)	_____	_____	_____	_____
Alberta Seniors' Benefit	_____	_____	_____	_____
Canada Pension Plan – CPP	_____	_____	_____	_____
Guaranteed Income Support – GIS	_____	_____	_____	_____
Old Age Security – OAS	_____	_____	_____	_____
Veterans' Pension	_____	_____	_____	_____
Other Income: Specify:	_____	_____	_____	_____
(ie: private pension, RRIF Withdrawal)	_____	_____	_____	_____
TOTAL: \$	_____	_____	_____	_____

10. **Assets:** Please list the total value of all assets and investments as well as interest or income derived from investments. Provide statements and tax slips for verification.

	Balance/Value	Monthly Interest / Income
Chequing Account	_____	_____
Savings Account	_____	_____
RRSP/RRIF	_____	_____
Tax Free Savings Account	_____	_____
Investment Fund	_____	_____
Real Estate/Property	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total \$	_____	Total \$
	_____	_____

11. **Is your present accommodation a:**

- House Apartment - Elevator Yes No Rooming House Motel/Hotel
 Mobile Home Other _____

12. **Do you own or rent your present accommodation:** Own Rent

Rent \$ _____ per month Utilities Included Yes No

Plus \$ _____ for heat and \$ _____ for light, water and sewer

Present value of owned accommodation: \$ _____

13. **If renting, name of your present Landlord:** _____

Address: _____ Telephone No: _____

14. **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 _____

15. **Number of person(s) sharing your present accommodation:**

Adults _____ Children _____

16. **Rooms in your present accommodation:**

- Kitchen Living Room Dining Room

No. of Bathrooms: _____

No. of Bedrooms: _____

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. **Reasons for wanting to move:**

20. **If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for eviction:**

21. **For Applicant's Use**

Other related information you wish to provide. Attach a separate sheet if more space is needed.

Mountain View Seniors' Housing

Admissions Department

#301, 6501 - 51st Street

Olds, Alberta T4H 1Y6

Phone: 403-556-2957

Fax: 587-796-0775

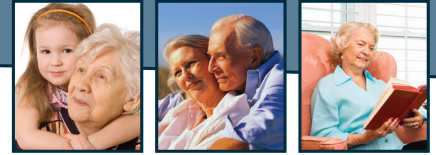
Email: admissions@mvsh.ca

Applicants seen by Appointment Only

THIS APPLICATION WILL NOT BE PROCESSED, UNLESS ALL QUESTIONS ARE FULLY ANSWERED, MOST RECENT TAX YEAR'S NOTICE OF ASSESSMENT ENCLOSED, AND IS SIGNED BY A COMMISSIONER FOR OATHS.

Applications will be kept on file for one year. If you wish to remain on the waitlist you must re-apply prior to the one year, or you will be removed from the waitlist.

**SENIORS SELF CONTAINED APPLICATION
MEDICAL EXAMINATION REPORT**



SELF CONTAINED ADMISSION - MEDICAL EXAMINATION REPORT

PLEASE NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED BY A PHYSICIAN PRIOR TO PROCESSING

APPLICANT AUTHORIZATION

I hereby authorize any Physician, Medical Clinic, Hospital, Home Care Personnel, or other person that has any records or knowledge of my health to provide full information to the Mountain View Seniors' Housing or any authority acting on their behalf.

DATE: _____ SIGNATURE: _____

For Completion by Physician Only

APPLICANT NAME: _____ EXAMINATION DATE: _____

ADDRESS: _____ TELEPHONE NO: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

SEX: Male Female

MENTAL CONDITION

- Normal
- Periods of Confusion
- Forgetfulness
- Persistent confusion, Disorientation
- Hallucinations, Delusions
- Paranoia
- Other: _____

BEHAVIOR

- Normal
- Hoarding / Rummaging
- Emotionally Unstable If Yes, _____
- Withdrawn, apathetic If Yes, _____
- Wanders
- Noisy, disturbing to others
- Aggression If Yes, Type _____
- Other: _____

PHYSICAL CONDITION

- | | | | |
|-------------|---------------------------------|-----------------------------------|---------------------------------|
| Speech | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Vision | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Glasses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Hearing | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Hearing Aid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

MOBILITY

- Independent Walking Aid Wheelchair Recent Falls - Describe: _____

ACTIVITIES OF DAILY LIVING

- | | | | |
|-------------------|----------------------------------------------------------|-------------------------|------------------------------------------------------------------------|
| Home Care Client | <input type="checkbox"/> Yes <input type="checkbox"/> No | Requires Home Care | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____ |
| Dresses self | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bathes Self | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does own grooming | <input type="checkbox"/> Yes <input type="checkbox"/> No | Manages own medications | <input type="checkbox"/> Yes <input type="checkbox"/> No |



SELF CONTAINED ADMISSION - MEDICAL EXAMINATION REPORT

PLEASE NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED BY A PHYSICIAN PRIOR TO PROCESSING

INDEPENDENT LIVING

The goal is to ensure this applicant is capable of safely maintaining an independent self-contained apartment.

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Able to do own housekeeping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to dispose of own garbage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to prepare own meals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leaves the stove on | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Forgetting to turn taps off | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In your opinion is this applicant capable of maintaining a self-contained apartment? Yes No

DIAGNOSIS (in order of significance)

- _____
- _____
- _____

ALLERGIES

Any further remarks that may be helpful in evaluating the applicant. (e.g. Infectious Diseases, Drug or Alcohol Usage, Personal Hygiene, etc.)

SIGNATURE OF PHYSICIAN: _____ Date: _____

PRINTED NAME: _____ TEL. No: _____

ADDRESS: _____

After completion please return to applicant or forward to:

Mountain View Seniors' Housing

Admissions Department
#301, 6501 – 51st Street
Olds, AB T4H 1Y6
Phone: 403-556-2957 Fax: 587-796-0775
Email: admissions@mvsh.ca