

**LAMONT COUNTY HOUSING FOUNDATION
APPLICATION FOR ACCOMMODATION – SENIOR CITIZENS**

**SELF CONTAINED UNITS
(CONFIDENTIAL)**

PLEASE READ CAREFULLY

I understand that this application does not constitute an agreement on the part of **LAMONT COUNTY HOUSING FOUNDATION**, or its agents, to provide me with rental accommodation.

I further acknowledge the right of **LAMONT COUNTY HOUSING FOUNDATION**, or its agents, at anytime 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 **LAMONT COUNTY HOUSING FOUNDATION**, 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 **LAMONT COUNTY HOUSING FOUNDATION**, or its agents, in writing of any change in family composition, gross family income, assets, employments or change of address, should they occur.

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

_____ WITNESS	_____ APPLICANT
DOMINION OF CANADA) PROVINCE OF ALBERTA) TO WIT:)	IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMODATION 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 the said application;
2. That the statements made by me in the said 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 _____, _____)

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths

My appointment Expires on _____
Day / Month / Year

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War Veterans Allowance	_____	_____	
War Disability Pension	_____	_____	
Employment Income	_____	_____	
Social Assistance	_____	_____	
Other Income: Specify _____	_____	_____	
_____	_____	_____	
_____	_____	_____	
TOTAL:	=====	=====	

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

INVESTMENTS / ASSESTS		INTEREST INCOME	
_____	\$ _____	Yearly \$ _____	Monthly \$ _____
_____	\$ _____	Yearly \$ _____	Monthly \$ _____
_____	\$ _____	Yearly \$ _____	Monthly \$ _____
TOTAL =====		Yearly \$ =====	Monthly \$ =====

NOTE: ALL INCOME MUST BE VERIFIED UPON ACCEPTANCE AS A TENANT.

7. If you or your co-applicant has employment income(s), please state the names(s) and address(s) of the employers(s).

Name of your Employer: _____

Address: _____ Telephone # _____

Name of your Co-Applicant's Employer: _____

Address: _____ Telephone# _____

8. Do you own or rent your present accommodation: ____ Own ____ Rent
Present rent or house payment is \$ _____ per month,
plus \$ _____ for heat and \$ _____ for light, water and sewer.

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9. If rent, name of your present landlord: _____
address: _____
telephone #: _____
10. Is your present accommodation a: ____ House ____ Apartment
____ Rooming House ____ Motel/Hotel ____ Other _____
11. Rooms in your present accommodation a: ____ Kitchen ____ Living Room ____
Dining Room ____ Bathroom ____ Number of Bedrooms _____
12. Number of person(s) sharing your present accommodation:
____ Adults ____ Children
13. 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 _____
14. Are your shower and/ or bathtub, toilet and washbasin all located in your
bathroom? ____ Yes ____ No If NO, please give details:

15. Are your stove, refrigerator, cupboards, counter space and sink, all located in your
kitchen? ____ Yes ____ No If NO, please give details:

16. NO HOUSE PETS ARE ALLOWED IN THE SELF-CONTAINED UNITS
17. Reasons for wanting to move: _____
If you have been given a **NOTICE TO VACATE**", please submit a copy of the
notice and state the reason for eviction _____

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ADDITIONAL PERSONAL INFORMATION (Optional)

It is important that you also provide us with the following information which will be helpful to our staff in case of emergencies.

18. Next of Kin: (if none available, please list closest friends)
- i) Name _____
Address _____
Relationship _____ Telephone # _____
 - ii) Name _____
Address _____
Relationship _____ Telephone # _____

19. Do you have a Will? ____ Yes ____ No

Name of Executor: _____

Address: _____ Telephone # _____

20. Family Doctor: Name: _____

Address: _____

Telephone # _____

Please state any Physical Disabilities: _____

21. Hospital Name: _____


Address: _____

22. **FOR APPLICANT'S USE**

Other related information you wish to provide.

LAMONT COUNTY HOUSING FOUNDATION

Box 120, Lamont, Alberta TOB 2R0

	Heritage Court Lamont AB	Elk Park Apartments Chipman, AB	Dr. Strilchuk Villa Mundare, AB
	Villa 75 Lamont, AB	Heritage Manor Andrew, AB	Father Kryzanowsky Villa Mundare, AB
	Spring Creek Manor Bruderheim, AB		

LAMONT COUNTY HOUSING FOUNDATION - MEDICAL ASSESSMENT

This medical information form is required by the **Lamont County Housing Foundation** in regard to all applicants seeking admission into:

SELF CONTAINED SENIOR CITIZEN APPARTMENTS: _____

Address: _____ Telephone: _____

APPLICANT IDENTIFICATION:

Name: _____ **Date of Examination:** _____

Address: _____ **Telephone:** _____

NOTE TO THE EXAMINING PHYSICIAN

“Our building is rented only to senior citizens who are capable of administering to their own personal needs. Our staff are NOT qualified or permitted to dispense medication or to provide physical assistance. No meals or housekeeping services are provided.”

Examining Physician (Please Print) _____

Address: _____

Telephone: _____

How long has the applicant been your patient? _____

LAMONT COUNTY HOUSING FOUNDATION - MEDICAL ASSESSMENT

PHYSICAL EXAMINATION

Sight: Good _____ Impaired _____

Hearing: Good _____ Impaired _____

Mobility: Walks without help _____

Walks with help _____

Uses Wheelchair _____

Is there a communication difficulty? YES _____ NO _____

If 'Yes' is this due to: Mental Cause? _____

Deafness? _____

Speech Difficulty? _____

Language Barrier? _____

Medical Diagnosis:

History:

Positive Findings:

Medications:

Allergies or Drug Intolerance:

LAMONT COUNTY HOUSING FOUNDATION - MEDICAL ASSESSMENT

ACTIVITIES OF DAILY LIFE

Assistance Needed	Full	Partial	None	Supervision Only	
Washing Face and Hands	_____	_____	_____	_____	
Grooming, Shaving	_____	_____	_____	_____	
Dressing	_____	_____	_____	_____	
Bathing	_____	_____	_____	_____	
Feeding	_____	_____	_____	_____	
Toileting	_____	_____	_____	_____	
	Catheter	Complete	Partial	None	Occasional
Bladder Incontinence	_____	_____	_____	_____	_____
Bowel Incontinence	_____	_____	_____	_____	_____

MENTAL CONDITIONS

	Yes	At Times	No
Is he/she Co-operative?	_____	_____	_____
Aggressive?	_____	_____	_____
Confused?	_____	_____	_____
Destructive?	_____	_____	_____
Are there tendencies to wander?	_____	_____	_____
Unpleasant habits?	_____	_____	_____

Does the applicant show any signs of Dementia? YES _____ NO _____

If so, to what degree: _____

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

YES _____ NO _____

DOCTORS SIGNATURE _____
DATE

NOTE: Any charge for the completion of this form is the responsibility of the applicant.
This certificate is valid for six months only.

Please do not return the form to the applicant: but mail directly to:
 The Manager
 Lamont County Housing Foundation
 PO Box 120
 Lamont, Alberta
 T0B 2R0
 Telephone: 780-895-2573 FAX: 780-895-2900