



# St. Andrew's Housing Ltd.

## Application for Accommodation

St. Andrew's Centre  
12720 – 111 Avenue  
Edmonton, AB  
T5M 3X3  
phone : 780-452-4444  
fax : 780-452-7567

### Application Process

1. St. Andrew's Centre will require a completed application signed by the applicant(s) along with three (3) months of banking statements and a Notice of Assessment from the most current tax year in order to process the application.
2. St. Andrew's Centre will send confirmation of the received application.
  - 2.1. If the applicant is eligible for the accommodations and no suites are presently available, the applicant can request to be added to the waiting list(s) for the type(s) of suites as listed on the application. Note: the waiting list is reserved for applicants looking for an immediate move upon suite availability.
  - 2.2. When a suite becomes available, the applicant must meet with the Accounts and Housing Administrator or delegate to view the suite. A family member may also view the suite on behalf of the applicant as a preliminary step. Applicants may reject the offer of a suite three times before they are removed from the waiting list. Each time an applicant refuses a suite, they will be moved to the bottom of the list. Once removed from the list, the applicant may re-apply when they are ready to move-in.
3. After a suite has been viewed and accepted by the applicant, the applicant will be provided with a St. Andrew's Centre Physician's Medical Report form to be completed by the applicant's general practitioner. The applicant is responsible for any cost associated with having the medical form completed.
4. The completed medical form must be given to the office and will be assessed by the Chief of Operations for the approval of the application.
5. Applicants who change their mind about the application for tenancy at St. Andrew's Centre may withdraw from the waiting list at any time. Once a suite is accepted by the applicant, the security deposit of \$500.00 must be paid. If the applicant changes their mind after accepting the suite and paying the deposit, the deposit may be forfeited.

I (We), \_\_\_\_\_ have read and understand the above  
application process.                      applicant(s) name(s)

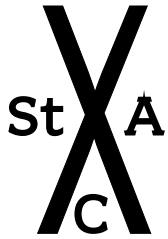
\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(2<sup>nd</sup> Applicant Signature – if applicable)

\_\_\_\_\_  
(Date)





# St. Andrew's Housing Ltd.

## Application for Accommodation

St. Andrew's Centre  
12720 – 111 Avenue  
Edmonton, AB  
T5M 3X3  
phone : 780-452-4444  
fax : 780-452-7567

Please note that all persons who wish to live at the Centre must be listed on the application and lease.

Date of Application: \_\_\_\_\_

### Personal Information – Applicant:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(mm/dd/yy)

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

### Personal Information – 2nd Applicant (if applicable):

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(mm/dd/yy)

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

**Alternative Contact (if we are unable to reach you at the phone numbers provided above)**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Alt. Phone:** \_\_\_\_\_

**Present Accommodation**

**Present Accommodation is:**     House     Apartment     Condo     Other

If other, please specify: \_\_\_\_\_

**Do you currently:**     Own     Rent     Live with Family     Other

If other, please specify: \_\_\_\_\_

Length of time at present address: \_\_\_\_\_

How did you hear about St. Andrew's Centre? \_\_\_\_\_

**Landlord Reference (if renting/leasing)**

**Landlord Name (current):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Landlord Name**  
(if living less than 2 years at current address): \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Personal Reference #1**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **How long have they known you?** \_\_\_\_\_

**Personal Reference #2**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **How long have they known you?** \_\_\_\_\_

**Type of Accommodation Requested (check all that apply)**

- Bachelor Suite Inside
- Bachelor Suite Outside
- One Bedroom Suite Inside
- One Bedroom Suite Outside
- Two Bedroom Suite Inside
- Two Bedroom Suite Outside

**Do you require underground parking?**     Yes     No

\*underground parking is not included in the rent – limited stalls available

Vehicle Description: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Current Services**

**Please indicate if you are receiving any of the following services:**

- D.A.T.S.**
  - Medical Alert System**
  - Dignified Veterans Assistance**
  - Day Program** \_\_\_\_\_
  - Home Care** \_\_\_\_\_
  - Private Care** \_\_\_\_\_
  - Other (please specify)** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**THE FOLLOWING INFORMATION IS MANDATORY FOR THE APPROVAL OF  
ACCOMMODATION AT ST. ANDREW'S CENTRE**

**What is your net monthly income?** \_\_\_\_\_  
(Line 150 from the most current Notice of Assessment)

\*\*\*Please provide a copy of your Notice of Assessment from the most current tax year and three (3) months of banking statements to serve as proof of income\*\*\*

**Please check the boxes that reflect the sources of your income**

- Old Age Security (OAS)**
  
  - Canadian Pension Plan (CPP)**
  
  - Pension**
  
  - Guaranteed Income Supplement (GIS)**
  
  - Alberta Seniors Benefit (ASB)**
  
  - Assured Income for the Severely Handicapped (AISH)**
  
  - Other (please specify)** \_\_\_\_\_
-

**Please read and sign the following:**

1. I understand that St. Andrew's Centre is an apartment complex for seniors 60 years + who are capable of independent living.
2. I understand that St. Andrew's Centre is not a care facility and in order to access care, I must be an approved client of the Alberta Health Services Home Care Program.
3. I understand that this is an application for residency only and not a rental agreement.
4. I understand that all tenants must be listed on the application as well as the lease. To have someone living in the suite without permission of the landlord is a violation of the lease.
5. I understand that the personal information contained in this application is collected under the authority of the Alberta Housing Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the Personal Information Protection Act.
6. I understand that the personal health information contained in this application is collected for the purpose of determining eligibility for residency in St. Andrew's Centre. Personal health information is protected by the Health Information Act.
7. I authorize St. Andrew's Centre to investigate any or all statements made by me, the applicant, in this application.
8. I am fully aware that the discovery of any false statements made by me, the applicant, in this application will cancel my application process.
9. I authorize St. Andrew's Centre to contact my landlord(s) as indicated in this application for a reference, to obtain rental history information, and/or to conduct a credit check for the purpose of determining my eligibility for housing at St. Andrew's Centre.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(2<sup>nd</sup> Applicant Signature – if applicable)

\_\_\_\_\_  
(Date)





