



ST. ANDREW'S HOUSING LTD.

Application for Accommodation

Application Process

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.

A Physicians Medical Report form must be completed at a maximum of three (3) months prior to move in. The applicant is responsible for any cost associated with having the medical completed. Failure to provide the form will result in disqualification of the application.

All applications will be reviewed by the Chief Operating Officer and are approved at their discretion, based on the information provided by the applicant and the Physicians Medical Report

If the application is approved and no suites are available, the applicant can request to be added to the waiting list for the suite size of their preference. waiting periods are not guaranteed and applicant (s) will be contacted when a suitable suite is available.

When a suite is available, the applicant or designate for applicant must view the suite, if the applicant does not wish to rent the suite, then they will be placed back onto the waiting list. If an available suite is denied three times, then the applicant will be removed for the list and will need to re-apply at a later date when they are ready to move.

When a suite is agreed upon all leasing documents will be signed by applicant and a money order or certified cheque must be provide in the amount equal to one months rent made payable to St. Andrew's Centre for the Security Deposit. If the applicant changes their mind after deposit is paid and all documents are signed, they will forfeit the security deposit.

I, (We), _____ have read and understood the above application process.

Applicant Signature

Date

Applicant Signature

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
- One Bedroom + Den Suite
- 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)** _____
- _____
- _____

Financial Information

**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) _____

Understanding and Consent

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)

(2nd Applicant Signature – if applicable)

(Date)

