



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. Also, a copy of your photo I.D.** These items are required 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 (s) 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 month's 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.
ST. ANDREW'S CENTRE

12720 111 Ave NW
Edmonton Alberta
T5M 3X3
Phone: 780-452-4444 FAX: 780-452-2241

Application for Accommodation

Please note that all persons who wish to live at St Andrew's Centre must be listed on the Application & Lease

Please Complete in FULL or application will not be processed

APPLICANT #1

First Name: _____

Last Name: _____

Date of Birth (mm/dd/yy): _____

Current Address: _____

Phone #: _____

Email (optional): _____

APPLICANT #2 (If required)

First Name: _____

Last Name: _____

Date of Birth (mm/dd/yy): _____

Current Address: _____

Phone #: _____

Email (optional): _____

ALTERNATIVE CONTACTS #1 (If we are unable to contact you at the numbers provided)

First Name: _____

Last Name: _____

Phone #: _____

Email: _____

Relationship to Applicant: _____

ALTERNATIVE CONTACT #2 (If we are unable to contact you at the numbers provided)

First Name: _____

Last Name: _____

Phone #: _____

Email: _____

Relationship to Applicant: _____

PRESENT ACCOMDATION

Type of Housing (House, Apartment, Condo, Lodge, Rehabilitation Centre, Other)

Please Provide Details:

Length of time at Present Address: _____

LANDLORD REFERENCE (If Renting)

Landlord Name: _____

Phone #: _____

Name of Management Company: _____

LANDLORD REFERENCE (If Renting and at present address for less than 2 years)

Landlord Name: _____

Phone #: _____

Name of Management Company: _____

PERSONAL REGERENCE #1

Name: _____

Phone #: _____

Relationship to Applicant: _____

Length of Relationship: _____

PERSONAL REGERENCE #2

Name: _____

Phone #: _____

Relationship to Applicant: _____

Length of Relationship: _____

TYPE OF ACCOMMODATION REQUESTED (Check all that apply)

- Bachelor Suite (Inside)
- Bachelor Suite (Outside)
- One Bedroom (Inside)
- One Bedroom (Outside)
- One Bedroom plus Den
- Two Bedroom

MOVE IN TIMELINE: _____

Do you require underground parking: _____

** Underground parking is not included in rental amount- limited spaces are available**

CURRENT LIVING SITUATION

Please provide details of your current situation (How quickly do you require possible tenancy at St. Andrew's Centre?)

SERVICES CURRENTLY BEING RECEIVED (Check all that apply)

- D.A.T.S.
- MEDICAL ALERT SYSTEM
- DIGNIFIED VETREANS ASSISTANCE
- DAY PROGRAM _____
- HOME CARE _____
- PRIVATE CARE _____
- MENTAL HEALTH PROGRAM _____
- REHABILITATION PROGRAM _____
- AHS CASE MANAGER _____
- SOCIAL WORKER _____

If you are under the care of an AHS Case Manager or Social Worker, please provide their name and number

Name: _____

Phone #: _____

ADDITIONAL INFORMATION:

FINANCIAL INFORMATION

The following information is Mandatory for consideration of approval

FULL NET MONTHLY INCOME: \$ _____

Please provide a current copy of your **Notice Of Assessment** and 3 months of Bank Statements

Sources of Income (Check all that apply)

- OLD AGE SECURITY (O.A.S.)
- CANADIAN PENSION PLAN (C.P.P.)
- PRIVATE PENSION
- GAURANTEED INCOME SUPPLEMENT (G.I.S.)
- ALBERTA SENIORS BENEFIT (A.S.B.)
- ASSURED INCOME FOR THE SEVERELY HANDICAPPED (A.I.S.H.)
- OTHER (Please specify)

If required, would you have an individual who could act as a Guarantor on your behalf? _____

(The guarantor would sign a document stating that they would be responsible to make any rental payments in the event that nonpayment of rent was to occur during your tenancy)

CONSENT

Please read and sign the following:

- I understand that St. Andrew's Centre is a NON-SMOKING Independent living apartment complex for seniors 60 years plus.
- I understand that St. Andrew's Centre is not a Supported Living Facility, and we do not provide any assisted living.
- I understand that this is an application for residency and subject to approval
- I understand that this is not a Lease Agreement, upon approval Lease is signed
- I understand that all potential residents must be listed on this application
- 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.
- I understand that the health information contained in this application is collected for the purpose of determining eligibility for residency at St. Andrew's Centre. Personal health information is protected by the Health Information Act.
- I authorize St. Andrew's Centre to investigate any or all statements made by me, the applicant, in this application
- I am fully aware that the discovery of any false statements made by me, the applicant, in this application will cancel my application process.
- 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.
- **I am fully aware that acceptance of an application does not indicate acceptance for tenancy. ALL applications are subject to approval by the C.O.O. of St. Andrew's Centre. Once all application, financial and medical reports are reviewed the application may be denied at the discretion of St. Andrew's Centre.**

Applicants Signature

Date

2nd Applicants Signature (if applicable)

Date