

Parkview Lodge of Carbon

Box 249, Carbon, AB ToM oLo

Phone: (403) 572-3244

1. Rent is \$575.00 / month for Bachelor Suite and \$625.00 / month for One Bedroom Suite.
2. Included in the rent: heat, power, water, sewer, garbage, laundry, 1 parking space with plug-in, and an assigned small storage space. All suites, except for the Bachelor Suite, have a personal patio deck.
3. NOT included in the rent: cable/satellite TV, phone and internet.
4. A Security Deposit equivalent to rent is required **before** moving in along with first months rent.
5. **No pets** are allowed.
6. **No smoking** in the building or suite. Tenants and their guests must smoke outside.
7. The medical report must be completed by a doctor for each applicant.

REQUIRED DOCUMENTATION CHECKLIST

~~ALL Financial documents must have Name, Date, Amount and Source of Income~~

Documents confirming all Income, including:

- Recent tax year Notice of Assessment for each applicant
- Old Age Security (OAS)
- Canada Pension Plan (CPP)
- Guaranteed Income Supplement (GIS)
- Alberta Seniors Benefit (ASB)
- Private Pension
- AISH or Income Support (reporting card or eligibility form)
- Employment income (3 months of pay stubs or letter from employer)

Documents confirming all Assets, including:

- RRSPs
- RRIFs
- Mutual Funds
- Tax Free Savings Account (TFSA)
- GICs
- Bank Account Statement
- Property Tax Assessment / Realtor Listing / Mortgage Statement
- Inheritance / Royalties

Medical Examination Report must be completed by your family physician.

****Further documentation may be required based on personal circumstances****

Once your application is complete, please call 403-572-3244 to schedule a viewing of the available suite with the Caretaker. Your completed application must be signed in the presence of a 'Commissioner for Oaths'. This service is provided free of charge, by appointment, at our office – Village of Carbon, 238 Hillside Avenue, Carbon, AB T0M 0L0.

All information collected for this purpose will be kept confidential as per the Freedom of Information and Protection of Privacy Act.

APPLICATION FOR ACCOMMODATION
 PARKVIEW LODGE OF CARBON
 PLEASE READ CAREFULLY

I understand that this is just an application and that it is not an agreement on the part of Parkview Lodge of Carbon, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Parkview Lodge of Carbon, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize Parkview Lodge of Carbon, or its agents to investigate any or all of the statements made by me in this application, 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 Parkview Lodge of Carbon, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

Signature of Witness

Signature of Applicant

*****TO BE COMPLETED BY COMMISSIONER FOR OATHS*****

DOMINION OF CANADA
 PROVINCE OF ALBERTA

IN THE MATTER OF THIS APPLICATION FOR DWELLING
 ACCOMMODATION IN THE PARKVIEW LODGE OF CARBON.

I, _____, of the _____ of
 _____, in the Province of Alberta, 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 the Province of Alberta for _____ years of my life.

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 _____, 20_____

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

(PLEASE PRINT)

NOTE: PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS

1. Applicant's Name: _____
(Last Name) (First Name)

Date of Birth: _____ Alberta Health Care No.: _____

2. Co-Applicant's Name: _____
(Last Name) (First Name)

Date of Birth: _____ Alberta Health Care No.: _____

3. Present Address: _____
(P.O. Box/Apartment No./Street)

(City/Town/Village) (Postal Code) Email: _____

Home Telephone No.: _____ Cell Phone No.: _____

4. Alternate Contact Person: _____
(Name) (Telephone No.)

Are all applicants a Canadian Citizen? Yes No

If no, provide copies of immigration papers for members who are not Canadian Citizens.

5. If you are on Social Assistance, please state the name and office address of your Social Worker.

Name: _____

Address: _____

6. ANNUAL INCOME – A copy of the most recent Notice of Assessment for the applicant and co-applicant must accompany the application form.

	Applicant	Co-Applicant
Line 150 of most recent Notice of Assessment	\$ _____	\$ _____
RRSP, RIF withdrawals during most recent Tax year	\$ _____	\$ _____
Principal portion of annuity payments	\$ _____	\$ _____

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

Home: Estimated Net Equity _____

7. If you or your co-applicant have employment income(s), please state the name(s) and telephone number(s) of the employer(s).

Name of Employer Telephone Number

Name of Co-Applicant's Employer Telephone Number

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

Present rent or house payment is \$ _____ per month, plus \$ _____ for heat and
\$ _____ for electricity, and \$ _____ for water and sewer.

9. If renting, name of your present Landlord: _____

Address: _____ Telephone No.: _____

How long have you resided here? _____

Please provide name and phone number of your previous Landlord in order to obtain a reference if you have been less than 2 years at your present address.

Company or Manager Name Telephone Number

How long did you reside there? _____

10. Number of person(s) sharing your present accommodation: **(Other than yourself.)**

_____ Adults _____ Children _____

11. Family Doctor's Name: _____

Address: _____ Telephone No.: _____

12. Do you have a pet? Yes No

Please note that Parkview Lodge of Carbon has a "No Pet" policy.

13. Do you require a parking stall? Yes No

Car-Color/Year/Make/Model: _____

14. Have you every been asked to vacate your premises? Yes No

If yes, where? _____ Reason: _____

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

22. Do you smoke? Yes No

Smoking is permitted outdoors only.

23. Please describe your current situation. What are your reasons for wanting to move?

24. Please provide the names and phone numbers for 3 references other than your current landlord (if applicable).

- 1. _____
- 2. _____
- 3. _____

Authorization to Obtain Information

I/We do hereby agree that this Authorization to Obtain Information and Consent to Disclose Information cannot be revoked by me while I am a tenant under a Residential Lease with Parkview Lodge of Carbon as Landlord, while I am an occupant of any housing accommodation owned or managed by Parkview Lodge of Carbon and following the end of such tenancy or occupancy while Parkview Lodge of Carbon is carrying on any investigation as to the accuracy and completeness of information provided by me to Parkview Lodge of Carbon.

Applicant: _____

Printed Name	Social Insurance Number
Signature	Date

Applicant: _____

Printed Name	Social Insurance Number
Signature	Date

The Parkview Lodge of Carbon is authorized to collect this information under Part 2, Division 1, Section 33(1)(g)(i) of the Freedom of Information and Protection of Privacy Act.

MEDICAL EXAMINATION REPORT for Seniors Self Contained Apartments

The form is to supplement other information to determine if the Applicant is physically and mentally able to look after himself/herself in a self-contained Apartment-type complex.

APPLICANT NAME: _____ EXAMINATION DATE: _____

ADDRESS: _____ TELEPHONE NO.: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

**PLEASE NOTE: THIS APPLICATION CANNOT BE
ACCEPTED IF IT IS NOT COMPLETELY FILLED OUT.
FEES CHARGED TO COMPLETE THE REPORT ARE THE
RESPONSIBILITY OF THE APPLICANT.**

APPLICANT AUTHORIZATION

I hereby, Authorize any Physician, Medical Clinic, Hospital or other person that has any records or knowledge of my health to provide full information to the PARKVIEW LODGE OF CARBON or any authority acting on their behalf.

DATE: _____ SIGNATURE: _____

Physical Examination

1. Mobility: Walks without assistance _____ With assistance _____ W/C or Walker _____
2. Does the applicant have any difficulty communicating? Yes _____ No _____
If yes, please explain _____

Activities of Daily Life

Is the applicant able to...

- | | | |
|---------------------------------|-----------|----------|
| 1. Prepare his/her own meals? | Yes _____ | No _____ |
| 2. Do his/her own housekeeping? | Yes _____ | No _____ |
| 3. Manage his/her own hygiene? | Yes _____ | No _____ |

Does the applicant have any concerns with...

- | | | |
|-------------|-----------|----------|
| 1. Hearing? | Yes _____ | No _____ |
| 2. Vertigo? | Yes _____ | No _____ |

Does the applicant require home care? Yes _____ No _____

Has a referral been made to home care? Yes _____ No _____

Does the applicant have a serious medical condition that should be brought to the manager's attention? Yes _____ No _____

If yes, explain _____

Does the applicant have a condition that would cause him/her to be a danger to themselves or other tenants? Yes___ No___

If yes, explain _____

~~Independence Factors~~

Does the applicant...

1. Show any signs of dementia? Yes___ No___

If yes, explain _____

2. Have any history of alcohol or substance abuse? Yes___ No___

If yes, explain _____

3. Has the applicant been diagnosed with any deteriorating physical or mental health condition that may impair his/her ability to manage independently at present or in the near future? Yes___ No___

If yes, explain _____

Please comment on any idiosyncrasies, sleeping patterns, personal hygiene.

Any further remarks that may be helpful in evaluating the applicant.

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in a self-contained apartment building where no special care, nursing care or monitored diets are available? Yes___ No___

If no, explain _____

Is the Applicant capable of living within a communal environment in which seniors socialize and communicate at regular intervals and remain independent versus relying on others for assistance? Yes___ No___

SIGNATURE OF MEDICAL PHYSICIAN: _____
PRINTED SIGNATURE: _____
COMPLETE ADDRESS: _____
TELEPHONE NO.: _____

Please FAX completed report to Parkview Lodge of Carbon at 403-572-3778.