

Housing Application Information

General Information:

AgeCare / Hestia Group are a private organization that provides affordable housing to senior citizens, families and individuals.

Housing Options:

AgeCare / Hestia Group portfolio includes bachelor, one and two bedroom units in apartment and townhouse complexes suitable for families, seniors and individuals. AgeCare Communities requires that all information provided is accurate and will be held in confidence.

Applications and Assessment:

All completed applications are to be completed and returned to:

AgeCare Communities of Care and Wellness
140 Cambridge Glen Drive
Strathmore, AB. T1P 1N3

Applications will be assessed on a first-come, first-served basis taking into consideration income and units available based on family composition.

Instructions:

Complete all questions and supply all of the requested information. If a question does not apply to your situation, mark N/A in the section.

You are required to provide the following:

- The attached form completed by the employer of **EACH** working member of your family stating the rate of pay, number of hours worked per week, total earnings and commencement date of current employment.
- If you or any member of your family is receiving Employment Insurance, Worker's Compensation, Canada Pension or Social Assistance, the form completed by the appropriate official verifying the amount of benefit.
- Documentation to verify all other sources of income (other than Child Tax Benefit and GST Refunds) i.e. maintenance, child support, alimony, etc.
- If you are a student, a letter from the appropriate source stating your income for the time period that you will be attending school.

THIS APPLICATION WILL **NOT** BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED, PROOF OF INCOME PROVIDED AND COPIES OF ALBERTA HEALTH CARE CARDS AND PHOT ID RECEIVED.



AGECARE / HESTIA GROUP RENTAL APPLICATION

CONFIDENTIAL

WHICH LOCATION ARE YOU INTERESTED IN?

APPLICANT INFORMATION

Full Name:

Date of birth:

SIN:

Phone:

Current address:

City:

Province:

Postal Code:

Own Rent
(Please Tick)

Monthly payment or rent:

How long?

I pay for: Water: Yes No Electricity: Yes No Heat: Yes No

Are You a Canadian Citizen? Yes No Permanent Resident? Yes No

Are you currently waitlisted with Wheatland Housing? Yes No

Previous address:

City:

Province:

Postal Code:

Own Rent

Monthly payment or rent:

How long?

Marital Status:

If Separated, divorced or common-law state length of time:

CO-APPLICANT INFORMATION

Name:

Date of birth:

SIN:

Phone:

Current address:

City:

Province:

Postal Code:

Own Rent

Monthly payment or rent:

How long?

Previous address:

City:

Province:

Postal Code:

Own Rent

Monthly payment or rent:

How long?



FAMILY INFORMATION – list the names and information of all the people who will be living in the unit. Include your name (applicant) with this list.

Full Name	Date of Birth yy/mm/dd	Gender	Relationship to Applicant
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

Do you expect the number of people in your family to change in the next 12 months? Y N

If yes, please explain:

EMPLOYMENT INFORMATION – PRIMARY APPLICANT

Current employer:

Employer address: How long?

Phone: E-mail: Fax:

City: Province: Postal Code:

Position: Hourly Salary Annual income:

EMPLOYMENT INFORMATION – CO-APPLICANT

Current employer:

Employer address: How long?

Phone: E-mail: Fax:

City: Province: Postal Code:

Position: Hourly Salary Annual income:

OTHER INCOME: Provide the gross income (before deductions) from ALL SOURCES for all persons listed on this application. This includes all income received from any type of pension, bank savings, bonds, rental property, business investments, etc.

	Applicant	Co-applicant
Commission and / or Tips	\$	\$



REFERENCES		
Name:	Address:	Phone:
<p>I / We understand that this application does not constitute an agreement on the part of AgeCare / Hestia Group to provide me / us with rental accommodation.</p> <p>I / We further acknowledge the right of AgeCare / Hestia Group at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke or cancel without penalty or liability for damage or other wise any acceptance or approval of this application previously made or give.</p> <p>I / We hereby authorize, pursuant to the Freedom of Information and Protection of Privacy Act you to make any inquiries you deem necessary to verify the facts contained herein by any method AgeCare / Hestia Group deem necessary, being fully ware that discovery of any false statement shall cancel any further consideration of any application.</p>		
Signature of applicant:		Date:
Signature of co-applicant:		Date:

