

Enclosed is an application, along with a medical form(s).

You will note on the application we look after a number of independent seniors housing units in our area, and this application covers all of these. You may indicate your preference, if you have one, on this form.

We are government-subsidized housing for low to mid-income families and seniors, for the Lloydminster (Alberta side only), Kitscoty and Marwayne areas. **The following information pertains to the Seniors housing only.** Rental cost is currently legislated to be no more than 30% of the gross income of the household, with the maximums set right now between \$600 or \$700 for the **seniors** accommodations, depending upon which complex you are living in. In addition, there is a recovery cost for electricity of \$50 per month, and a parking charge of \$10 per month. There are (3) complexes in which the user pays their own electricity bills directly (Fellowship Village, Alberta Rose Manor, and David Thompson Manor). The heating and water/sewer is paid by Lloyd Region Housing. We also provide a fridge and stove in each suite. The laundry facilities are free-of-charge, and shared between tenants.

In the complexes which have more than one floor there is elevators, and bars are installed in all the bathrooms. All suites are one-bedroom only. There is no health services provided from our agency. In addition, we need your doctor to sign off on the medical form(s) for each of you, stating you are functionally independent. There is a minimum age restriction of 65 for our seniors facilities. In the case of a married couple, at least one of you must be age 65 or older.

**We have strict 'No Pets' and 'No Smoking' policies.**

DUE TO THE CURRENT RESTRICTIONS ON VISITORS & SOCIAL DISTANCING, WE ARE UNABLE TO SHOW YOU A VACANT SUITE AT THIS TIME. YOU WILL BE SHOWN THE SUITE JUST PRIOR TO SIGNING THE LEASE.

Sincerely,  
Lloydminster Region Housing Group

N.B. If you are interested in living on the Saskatchewan side of Lloydminster, you will need to contact the Lloydminster Housing Authority @ 306-825-5376 as they operate as a completely separate entity.

(for office use only)

Name \_\_\_\_\_

Date \_\_\_\_\_

Score \_\_\_\_\_

**DISCLAIMER FOR FORMS CONTAINING PERSONAL INFORMATION  
ON MANAGEMENT BODY TENANTS**

**Information on this form is being collected under the Authority of Ministerial Order No. H:032/99 issued under the Alberta Housing Act (RSA 1994/A-30.1).**

**It will be used to enable staff of the LLOYDMINSTER REGION HOUSING GROUP to provide support services to tenants residing in Housing Units operated by the LLOYDMINSTER REGION HOUSING GROUP. It is protected from public disclosure by the provisions of the Freedom of Information And Protection of Privacy Act (RSA 1995/F-18.5). If you have any questions about the collection of this personal information, please call (780)875-9131 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday for clarification.**

## LLOYDMINSTER REGION HOUSING GROUP

**#107A, 3752 - 51 Avenue  
Lloydminster, Alberta  
T9V 3M7  
Phone (780) 875-9131  
Fax (780) 875-1072**

Dear Applicant(s):

There are seven Senior Citizens apartments in our mandate, and we would appreciate it if you would indicate your order of preference:

_____	Southridge Estates,	4004 – 57 Avenue	Lloydminster
_____	Knox Manor,	5501 – 47 Street	Lloydminster
_____	Padua Place,	2710 – 56 Avenue	Lloydminster
_____	Fellowship Village,	5201 – 42 Street	Lloydminster
_____	Alberta Rose Manor,	Kitscoty	
_____	David Thompson Manor,	Marwayne	
_____	MarwayneValley Manor,	Marwayne	

We emphasize that you answer **all** questions, as we do a “point scoring” on each application – it is not a case of “first come, first served.” Have your doctor(s) complete the medical form and return it directly to us.

Please return the completed application as soon as possible.

Yours truly,

Deanna Stang-Livingston - CAO / Site Manager  
Padua Place, Southridge Estates  
Knox Manor, Fellowship Village

Sharon Kneen - Site Manager / Maintenance  
David Thompson Manor, Marwayne Valley Manor  
Alberta Rose Manor

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**Application for Accommodation - Senior Citizen  
(Confidential)**

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS COMPLETELY:

I understand that this application does not constitute an agreement on the part of the Lloydminster Region Housing Group or it's agents to provide me with rental accommodation.

I further acknowledge the right of the Lloydminster Region Housing Group or it's agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel , without any penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize the Lloydminster Region Housing Group or it's agents to investigate any or all of the statements made herein, 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 the Lloydminster Region Housing Group or its agents, in writing, of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I/we, \_\_\_\_\_, do solemnly declare as follows:

1. That I/we am/are the applicants named in the said application.
2. That the statements made by me/us in the said application are, to the best of my/our knowledge, information and belief, full and true in all respects.

And I/we 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

PLEASE PRINT, AND ANSWER ALL QUESTIONS COMPLETELY:

Applicant's Name: \_\_\_\_\_  
(Surname) (Given) (Initial)

Date of Birth: \_\_\_\_\_ SIN \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(Surname) (Given) (Initial)

Date of Birth: \_\_\_\_\_ SIN \_\_\_\_\_

Are you a Canadian Citizen\_\_\_\_, Landed immigrant \_\_\_\_\_, or (explain) \_\_\_\_\_

Present address: \_\_\_\_\_  
(P.O. Box/Apartment Number/Street)

\_\_\_\_\_  
(City/Town/Village) (Postal Code)

Telephone Number: \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

<b>CURRENT MONTHLY INCOME</b>	<b>HEAD</b>	<b>SPOUSE</b>
Old Age Security/Guaranteed Income Supplement	_____	_____
Alberta Senior's Benefit	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veteran's Allowance	_____	_____
Disability Pension	_____	_____
Spouse's Allowance	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Interest Income	_____	_____
Other Income (specify) _____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL</b>	_____	_____

INVESTMENTS: Please list all investments (term deposits, RIF's and RSP's, stocks, bonds, bank accounts) **and balances of each.** ALL financial information must be verified by bank statements.  
ASSETS: Please list all assets (your house, any farmland, rental properties, recreation properties, etc.) **and the approximate value of each.**  
PLEASE PROVIDE A COPY OF YOUR LAST INCOME TAX FILED.  
Failure to provide this information will delay the processing of your application.

INVESTMENTS/ASSETS:

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INTEREST INCOME:

Yearly: \_\_\_\_\_ Monthly \_\_\_\_\_

Yearly: \_\_\_\_\_ Monthly \_\_\_\_\_

Yearly: \_\_\_\_\_ Monthly \_\_\_\_\_

If you or your spouse has employment income(s), please state the name(s) and address(es) of employer:

Name of your employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of spouse's employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Do you own or rent your present accommodation: Own \_\_\_\_\_ Rent \_\_\_\_\_

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

If renting, name of your present landlord: \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

Is your present accommodation a House \_\_\_\_\_ Apartment \_\_\_\_\_ Rooming House \_\_\_\_\_

Motel/Hotel \_\_\_\_\_ Condo \_\_\_\_\_ Other \_\_\_\_\_

Rooms in your present accommodation: Kitchen \_\_\_\_\_ Living Room \_\_\_\_\_ Dining Room \_\_\_\_\_

Bathroom(s) \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Number of person(s) sharing your present accommodation: Adult \_\_\_\_\_ Children \_\_\_\_\_

Do you share with other occupants the use of the Kitchen \_\_\_\_\_, Bathroom, \_\_\_\_\_, Bedroom \_\_\_\_\_

Are your shower/bathtub, toilet, washbasin, all located in your bathroom? \_\_\_\_\_

Are your stove, refrigerator, counter, and sink, all located in your kitchen? \_\_\_\_\_

If the answer to either of the above two questions is no, please explain \_\_\_\_\_

\_\_\_\_\_

Please tell us your reason for wanting to move \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you have been given a “Notice to Vacate” please submit a copy of the notice and state the reason.**

Please state any physical disabilities or medical problems you feel we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Other information you would like to provide \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE BE AWARE THAT PETS ARE NOT ALLOWED IN OUR FACILITIES.  
PLEASE BE AWARE THAT OUR FACILITIES ARE NON SMOKING.**

Applicant’s doctor’s name and phone number \_\_\_\_\_

Spouse’s doctor’s name and phone number \_\_\_\_\_

Please list family members you wish contacted in the event of an emergency:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ (residence) \_\_\_\_\_ (business) (or an alternate person)

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**SENIOR CITIZEN HOUSING MEDICAL INFORMATION**

ATTENDING PHYSICIAN: This medical information form is required by the Lloydminster Region Housing Group in regard to all applicants seeking admission into self-contained senior citizens apartments. All information must be current within a six-month time frame.

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

Any charge for the completion of this form is the responsibility of the applicant.

Once the applicant has signed the authorization do not return it to the applicant, but mail it directly to the above address.

**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 Lloydminster Region Housing Group or any authority acting on their behalf.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Witness \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Date of last contact with patient to substantiate this information \_\_\_\_\_

**Is the applicant physically able to maintain himself/herself in a private self-contained apartment?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Please detail any medical information which you feel would be pertinent to the applicant's application for Senior citizen housing \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_