**EVENTIDE HOMES OR NORTHERN LIGHTS MANOR**

**APPLICATION FOR ADMISSION**

I understand that this application does not constitute an agreement on the part of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or its agents, to provide me with rental accommodation.

I further acknowledge the right of Eagle Hill Foundation (1995), or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize Eagle Hill Foundation (1995), or its 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 Eagle Hill Foundation (1995), or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Witness) (Applicant)

IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (town, city), Alberta, do solemnly declare as follows:

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

And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effects as if made under oath by the virtue of the “Canadian Evidence Act”.

Declared before me at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the province of Alberta, this \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner for Oaths – Alberta

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Commissioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My appointment expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

PLEASE PRINT, PLEASE ANSWER ALL QUESTIONS

|  |  |
| --- | --- |
| Resident Name: |  |
| Date of Birth: |  |
| PHN (Personal Health #) |  |
| Social Insurance # |  |
| Family Physician | Name:Address:Phone #: |

|  |  |
| --- | --- |
| Spouses Name: |  |
| Date of Birth: |  |
| PHN (Personal Health #) |  |
| Social Insurance |  |
| Family Physician | Name:Address:Phone #: |

|  |  |
| --- | --- |
| Current Address: | Street: |
| Town: | Province: Postal Code: |
| Telephone: | Email: |
| Damage Deposit: \_\_\_\_\_\_ \_\_\_\_\_\_\_Yes No | Are you a: \_\_\_\_\_ Canadian Citizen \_\_\_\_\_ Landed Immigrant \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  |  |

|  |  |
| --- | --- |
| First Contact: (state relationship) |  |
| Name: | Home Phone: |
| Address: | Work Phone: |
|  | Cell Phone: |
| Second Contact: ( relationship) |  |
| Name: | Home Phone: |
| Address: | Work Phone: |
|  | Cell Phone: |

|  |  |
| --- | --- |
| Move in date: |  |
| Signature: |  |
| Staff Member: |  |

|  |  |
| --- | --- |
| If you are on Social Assistance please state the name and office address of your Contact Person | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MONTHLY INCOME**

 APPLICANT SPOUSE

|  |  |  |
| --- | --- | --- |
| Old Age Security &Guaranteed Income Supplement |  |  |
| Alberta Seniors Benefit |  |  |
| Spouse Allowance |  |  |
| Canada Pension Plan |  |  |
| Company Pension Plan |  |  |
| War Veterans Allowance |  |  |
| War Disability Pension |  |  |
| Employment Income |  |  |
| Social Assistance |  |  |
| Other (specify) |  |  |
| Other (specify) |  |  |
| Other (specify) |  |  |
| TOTAL: |  |  |

ASSETS

Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate etc.

Note: All incomes must be verified upon acceptance as a tenant.

Investments Interest/Income

|  |  |  |
| --- | --- | --- |
|  | Yearly $ | Monthly $ |
|  | Yearly $ | Monthly $ |
|  | Yearly $ | Monthly $ |
|  | Yearly $ | Monthly $ |
| TOTAL | Yearly $ | Monthly $ |

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

|  |  |
| --- | --- |
| Name of your employer: |  |
| Address: |  |
| Phone: |  |

|  |  |
| --- | --- |
| Name of your employer: |  |
| Address: |  |
| Phone: |  |

Do you own or rent your present accommodation? \_\_\_\_ own \_\_\_\_\_ rent

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

If you are renting, name your present landlord:

|  |  |
| --- | --- |
| Name of your landlord: |  |
| Address: |  |
| Phone: |  |