

DESCRIPTION	1 st APPLICANT	2 nd APPLICANT
NAME:	Please Circle: Mr. Mrs. Ms. Miss (First Name) (Last Name)	Please Circle: Mr. Mrs. Ms. Miss (First Name) (Last Name)
ADDRESS:		
POSTAL CODE:		
PHONE:		
BIRTHDATE (m/d/y)		
AGE:		
CITIZENSHIP: <ul style="list-style-type: none"> • Canadian Citizen • Government sponsored • Landed Immigrant 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
LANGUAGE: <ul style="list-style-type: none"> • English • Other • Require interpreter 	<input type="checkbox"/> Spoken <input type="checkbox"/> Understood <input type="checkbox"/> Spoken <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Spoken <input type="checkbox"/> Understood <input type="checkbox"/> Spoken <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you lived in a GEF building before? If yes, where?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL INFORMATION:

DESCRIPTION	1 st APPLICANT	2 nd APPLICANT
Total income from Line 150 of last income tax return- Please indicate Tax Return Year _____	\$	\$
<i>Comprised of: (check applicable box)</i>		
Old Age Security (OAS)	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Income Supplement (GIS)	<input type="checkbox"/>	<input type="checkbox"/>
Alberta Seniors Benefit (ASB)	<input type="checkbox"/>	<input type="checkbox"/>
Assured Income for the Severely Handicapped (AISH)	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan (CPP)	<input type="checkbox"/>	<input type="checkbox"/>
Other Income (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

ASSETS:

House (s)	\$	\$
Investments (Do not include RRSP, RIF, Pension)	\$	\$
Vehicle (s)	\$	\$
Cash	\$	\$
Other	\$	\$

ALTERNATE CONTACT:

Name: _____ Res. Phone: _____
 Relationship: _____ Bus. Phone: _____

TYPE OF ACCOMMODATION WANTED:

APARTMENT <input type="checkbox"/> BACHELOR SUITE <input type="checkbox"/> ONE BEDROOM <input type="checkbox"/> TWO BEDROOM <input type="checkbox"/> WHEELCHAIR ACCESSIBLE SMOKING? <input type="checkbox"/> Yes <input type="checkbox"/> No	DUPLEX <input type="checkbox"/> SINGLE OCCUPANCY <input type="checkbox"/> DOUBLE OCCUPANCY <i>Note - Units are not wheelchair accessible</i> SMOKING? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APARTMENT & DUPLEX ACCOMMODATION APPLICATION

LOCATION PREFERENCE:

1ST Choice _____ 2ND Choice _____

When are you interested in moving? _____

CURRENT ACCOMMODATION:

Home Owner: <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes (check type): Condo <input type="checkbox"/> House/Duplex <input type="checkbox"/> Other _____	
Renter: <input type="checkbox"/> YES <input type="checkbox"/> NO			
How long have you lived at your present address?		Years: _____	Months: _____
Is your accommodation shared? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, number of	
If you share accommodation, are these relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Adults (# _____)	<input type="checkbox"/> Bedrooms (# _____)
		<input type="checkbox"/> Children (# _____)	<input type="checkbox"/> Bathrooms (# _____)
What are your present monthly payments? Rent \$ _____ Property Taxes \$ _____			
Heat \$ _____ Light \$ _____ Water \$ _____ Other _____			
Most Recent Landlord: _____			
Contact Name: _____		Phone Number: _____	
Property Management Company (if applicable): _____			
If you have been given a Notice to Vacate, please attach a copy of notice indicating the reason.			

Other related information you wish to provide:

_____ Date

_____ Applicant Signature

_____ Date

_____ Co Applicant Signature

Please return to:

The Site of your choice or forward to:
GEF Seniors Housing
Central Office
14220 – 109 Avenue
Edmonton, Alberta
T5N 4B3

Inquiries may be directed to the Central Office at 780-482-6561

Your personal information is being requested under authority of the Alberta Housing Act and its regulations. Information that you provide to us will be used to determine eligibility for subsidized housing. Your personal information will be protected in compliance with The Freedom of Information & Protection of Privacy (FOIP) Act and its regulations. If you have any questions about the collection and use of this information, please contact the Information & Privacy Officer at 780-482-6561.