

Application Process

1. Completing Your Application

- All applicants complete **SECTION 1** and **SECTION 4 (GREEN)**
- Apartment applicants complete **SECTION 2 (BLUE)**
- Lodge applicants complete **SECTION 3 (ORANGE)**

Applicants are only able to apply for one housing program. GEF offers six types of housing programs:

Apartment - Accommodation with a kitchen

- **Subsidized** - (Rent 30% of gross monthly income, income criteria required)
- **Affordable** - (Sakaw Terrace Option #1, Rosslyn Terrace and Ottewell Terrace - income criteria required. Sakaw Terrace Option #2 - income criteria not required)
- **Duplex** - (Flat rate, does not vary with income, income criteria required)

Lodge - Includes support services for meals, housekeeping, and recreation services

- **Subsidized** - (Rent 30% of gross monthly income plus support services fee, income criteria required)
- **Affordable** - (With a kitchenette, Sakaw Terrace, income criteria not required)

2. Submitting Your Application

After you have completed the information, submit your application in one of the following ways:

- Dropping it off in person at GEF Seniors Housing, Central Services, 14220-109 Avenue
- Mailing it to GEF Seniors Housing, Central Services, 14220-109 Avenue, Edmonton, AB T5N 4B3
- Scanning and emailing it to housingapplications@gef.org

Please call GEF Seniors Housing, Central Services at 780-482-6561 if you have any questions.

3. Confirming Your Application

After submitting your application, you will be contacted with the next steps.

SECTION 1: ALL APPLICANTS COMPLETE GREEN SECTION

Personal Information	First Applicant	Second Applicant (if applicable)
Legal Name	<i>First</i>	<i>First</i>
	<i>Last</i>	<i>Last</i>
Preferred Name <i>If applicable</i>		
Gender		
Date of Birth	_____ / _____ / _____ <i>Month Day Year</i> <i>First applicant must be at least 65 years old</i>	Age _____ / _____ / _____ <i>Month Day Year</i> <i>Second applicant must be at least 60 years old</i>
Citizenship Status	Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Privately Sponsored: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Privately Sponsored: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
Mailing Address		
Postal Code		
Home Number		
Cell Number		
Email		
Language Spoken <i>If other than English</i>	What language? _____ Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	What language? _____ Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lived in a GEF building before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate year and building _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate year and building _____ _____
Do you smoke? <i>This will <u>not</u> affect eligibility</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking		
Do you require parking? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(There are wait lists for parking at some buildings.)</i>		
Alternate Contact Person		
Name	Phone Number	
Relationship	Cell Number	

SECTION 1: CONTINUED

Current Accommodation

Home Owner Renter Other _____

How long have you lived here? _____

Have you received a Notice to Vacate? Yes No *If yes, please include a copy of Notice to Vacate.*

Current Landlord:

Name: _____ Property Management Company: _____

Phone Number: _____

Previous Landlord: *If you have rented at current rental for less than 2 years, please complete this section.*

Name: _____ Property Management Company: _____

Phone Number: _____ How long did you live here? _____

What are your current monthly payments?

Rent/Mortgage \$ _____ Power \$ _____ Heat \$ _____ Water \$ _____ Other \$ _____

Financial Information

First Applicant

Second Applicant *(if applicable)*

THIS INFORMATION IS MANDATORY FOR SUBSIDIZED, DUPLEX, AND AFFORDABLE HOUSING

Line 150 from the most current income tax year from the Notice of Assessment. Year: 20_____

\$

\$

Please check the boxes that reflect the sources of your income

Old Age Security (OAS)	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan (CPP)	<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"/>
Employment Income	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. Other pensions etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>

Housing Program (Select only ONE)

Apartment Subsidized Affordable Duplex

▶ **GO TO SECTION 2 (BLUE) IF YOU SELECT APARTMENT**

Lodge Subsidized Affordable

▶ **GO TO SECTION 3 (ORANGE) IF YOU SELECT LODGE**

Subsidized *(Rent 30% of gross monthly income, income criteria required)*

Lodge *(Rent 30% of gross monthly income plus support services fee, includes meals and housekeeping)*

Affordable *(Income criteria required)*

Duplex *(Flat rate, does not vary with income, income criteria required)*

SECTION 2: APARTMENT APPLICANTS COMPLETE BLUE SECTION

Apartment Accommodation

Bachelor One Bedroom Two Bedroom
 Do you require wheelchair accessibility? Yes No
 Desired move-in date _____ / _____
Month Year

Preferred Building Name _____
 Other Building _____
AVOID PROCESSING DELAYS! Please ensure you indicate the **NAME** of your preferred building. For a list of buildings, refer to Housing Brochure or visit www.gef.org

SECTION 3: LODGE APPLICANTS COMPLETE ORANGE SECTION

Lodge Accommodation

Single Room Double Room
 Do you require wheelchair accessibility? Yes No
 Desired move-in date _____ / _____
Month Year

Preferred Building Name _____
 Other Building _____
AVOID PROCESSING DELAYS! Please ensure you indicate the **NAME** of your preferred building. For a list of buildings, refer to Housing Brochure or visit www.gef.org

SECTION 4: ALL APPLICANTS COMPLETE GREEN SECTION

Other Information You Want To Provide

For more information please visit www.gef.org or call **780-482-6561**.

First Applicant's Signature

Second Applicant's Signature *(if applicable)*

Date

Date

This confidential information is being collected under the authority of the Alberta Housing Act and will be used to determine eligibility of applicants, need and allocation within the housing programs at GEF Seniors Housing. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with Alberta privacy legislation and can be reviewed or corrected upon request. Questions regarding the collection of personal information can be directed to the FOIP Coordinator at GEF Seniors Housing by phone at 780-482-6561, by fax at 780-488-3561, or by email at housing@gef.org

08.02.18

OFFICE USE ONLY

GEF Applicant Code

Application Received Date Stamp

Apartment

Subsidized Affordable Duplex

Lodge

Subsidized Affordable

Date Entered into Database

Initial Follow-Up Date (e.g. phone call)

Interview Date