

The Elder Statesmen Group

#615 717 – 1 Ave SW Calgary, AB T2P 3B5
403-265-4492

CONFIDENTIAL

applications@ESG-housing.com; www.ElderStatesmenGroup.com

Please Note: **Application will be kept on file for 1 year. You must resubmit new application after 1 year.**

1. Applicant's Name _____
(Last Name) (First Name)

Phone Number: _____ Email: _____

Date of Birth: _____ Alberta Health Care _____

2. Co-Applicant's Name: _____
(Last Name) (First Name)

Phone Number: _____ Email: _____

Date of Birth: _____ Alberta Health Care _____

3. Are you a: Canadian Citizen Landed Immigrant or _____

4. Present Address: _____

5. If you are on Social Assistance, please state the name and phone number of your Social Worker:

Name: _____ Phone No: _____

6. References: Please provide (2) persons that have known you for at least 2 years whom we may contact as references.

1. _____ Phone # _____

How long have you known this person? _____

2. _____ Phone # _____

How long have you known this person? _____

7. Nearest Relative Name: _____

Phone: _____ Relationship: _____

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8. If you or your co-applicant has employment income(s), please state the name(s) and address(es) of the employer(s).

Name of your Employer: _____

Address: _____

Telephone No.: _____

Name of Co-Applicant's Employer: _____

Address: _____

Telephone No.: _____

9. Do you own or rent your present accommodation: Own Rent

Present rent or house payment is \$ _____ per month, plus \$ _____ for utilities.

10. If renting, name of your present Landlord: _____

Address: _____

Telephone No.: _____ How long did you reside there? _____ months/years

If less than two years at above address, please provide name and phone number of your previous Landlord in order to obtain a reference.

Name _____ Phone _____

How long did you reside there? _____ months/years.

11. Is your present accommodation a: House Rooming House Apartment Motel/Hotel

Elevator: ___ Yes ___ No Other _____

Rooms in your present accommodation: Kitchen Living Room Dining Room

_____, Bathroom(s) _____, Number of Bedrooms

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12. Number of person(s) sharing your present accommodation: (Other than yourself.)

13. Does any member of your household require accommodation adapted for a special need? If so, what type? (i.e., wheelchair accessibility, etc)

14. Do you share the use of the kitchen, the bathroom, or your bedroom? Yes No

If YES, Number of Person(s) sharing the kitchen _____

Number of Person(s) sharing bathroom _____

Number of Person(s) sharing the bedroom _____

15. Is your shower and/or bathtub, toilet and washbasin all located in your bathroom?

Yes No If NO, please give details: _____

16. Is your stove, refrigerator, cupboards; counter space and sink, all located in your kitchen?

Yes No

If NO, please give details: _____

17. Do you have a pet? No Yes Type: _____

18. Reasons for wanting to move: _____

If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state reason for eviction:

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19. Make/model vehicle _____ License # _____

20. Are you a smoker? Yes _____ No _____

Please Note: All new suites that come available are non-smoking, including balconies.

21. Please provide any other related information as well as your building preference

Bow Claire 717 – 1 Ave SW

Becker Manor 2611 – 15th Ave SE.

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MONTHLY INCOME:

	Declarant # 1	Declarant # 2
Old Age Security	_____	_____
Guaranteed Income Supplement	_____	_____
Alberta Senior's Benefits Program	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Assured Income for the Severely Handicapped.	_____	_____
TOTAL:	(A) _____	(B) _____

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

INVESTMENTS/ASSETS	INTEREST/INCOME	
_____	Yearly _____	Monthly _____
_____	Yearly _____	Monthly _____
_____	Yearly _____	Monthly _____
TOTAL:	Yearly _____	Monthly _____ (C)

VEHICLE	Make	Model	Current Value	(D)
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Landlord Reference Request

Landlord Name: _____

Address: _____

Phone: _____ Email: _____

I, _____ hereby authorize you to discuss and release to the Elder Statesmen Group the following and any other information which may affect my tenancy if I am accepted as a tenant by the Elder Statesmen Group.

Applicant Signature: _____

Landlord's Information:

Period of tenancy: from _____ to _____

Payment history good slow poor NSFs

Suite cleanliness: good medium poor

Noise complaints: yes no unknown

Complaints about the tenant during his tenancy with your company/association. yes___no___

Please provide particulars:

Any breaches of tenancy agreement? Yes No

If yes, please provide details: _____

Would you rent to this tenant again? Yes: _____ No: _____

If you prefer to reply to our request for information verbally rather than in written form, please call our Manager at 403-265-4492. Any written information may be disclosed to the applicant upon request.

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60+ Independent Living Medical Form

This medical information form is required by the Elder Statesmen Group in regard to all Applicants seeking admission into self-contained, independent living 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 and mentally able to look after themselves in a self-contained, independent living apartment complex.

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

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 Elder Statesmen Group or any authority acting on their behalf.

Signature of Applicant _____

Witness: _____ Date: _____

Name of Applicant: _____

How long has the applicant been your patient? _____

Date of most recent medical appointment. _____

Does the Applicant:

1. Show any signs of dementia? Yes ____ No ____

Explanation: _____

2. Have any history of alcohol or substance abuse? Yes ____ No ____

Explanation: _____

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3. Have any diagnosis which indicates a deteriorating physical or mental health condition that may impair his/her ability to manage independently at present or in the near future?

Yes ____ No ____

Explanation: _____

4. Have a history of any violent or aggressive behavior? Yes ____ No ____

Explanation: _____

5. Does this applicant smoke? Yes ____ No ____

6. Do you consider the applicant to be suitable to live in a seniors' apartment independently where no special care is provided?

Mentally: Yes ____ No ____

Physically: Yes ____ No ____

Socially: Yes ____ No ____

Explanation: _____

Please detail any medical information you feel would be important to your patient's application for senior's housing. (We do not provide meals or housekeeping services.) Please also list any serious medical concerns the manager should be aware of.

Doctor's Name: _____

Address: _____ Phone #: _____

Doctor's Signature: _____

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