



Hythe and District Pioneer Homes

Box 388 10404 - 100 St, Hythe, AB, T0H 2C0
Telephone: (780) 356-3077, Fax: (780) 356-3938

SENIOR HOUSING APPLICATION – 1 BEDROOM APARTMENTS

PERSONAL INFORMATION:

Applicant

Name: Mr. Mrs. Ms. Miss _____
Home Phone: (____) _____ Other Phone: (____) _____
Birthdate: (dd/mm/yyyy) _____ SIN #: _____
Health Care #: _____ Blue Cross #: _____

Co-Applicant

Name: Mr. Mrs. Ms. Miss _____
Home Phone: (____) _____ Other Phone: (____) _____
Birthdate: (dd/mm/yyyy) _____ SIN #: _____
Health Care #: _____ Blue Cross #: _____

Next of Kin / Emergency

Name: _____ Relationship: _____
Address: _____ City: _____
Home ph: (____) _____ Work ph: (____) _____ Cell ph: (____) _____

Are you: Canadian Citizen Landed Immigrant Other: _____

Length of Residence in Alberta: _____ Length of Residence in Grande Prairie/Community/Area: _____

Are you wanting to move because of: (Please explain on the next page if necessary)

- No License/requires public transportation Requires lodge services/ Special Needs To be closer to family/friends
 Mobility concerns To be closer to doctor/medical Safety/security

Are you applying for: Seniors Lodge Seniors Apartment

- Affordable Housing 2 Bedroom
 3 Bedroom



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When can you move in? Immediately 1-3 Months 3-6 Months 6 Months – 1 Year

SPECIAL CIRCUMSTANCES

Please provide any additional comments regarding your desire or need to move to a Seniors Lodge or Seniors Apartment below.

Eviction: If you have been given a notice to vacate, please provide a copy of this notice.

HOUSING INFORMATION:

Mailing Address: _____ Postal Code: _____

Do you rent or own your present accommodation? Rent Own

Present Rental or Mortgage payment is \$ _____ per month.

If renting, name of your present Landlord: _____ Telephone: (____) _____

Do you pay for: Heat Light Water and Sewer

Present housing unit: House Apartment Rooming House Hotel/Motel Other: _____

Does your accommodation have: Kitchen Bathroom Living Room Yard Elevator

Number of bedrooms in your housing unit: _____

Does anyone live with you? Yes No If YES, how many people? _____

If YES, number of person(s) sharing a bedroom: _____

Are your shower and/or bathtub, toilet and washbasin all located in your bathroom? Yes No

If NO, please give details: _____

Are your stove, refrigerator, cupboards, counter space, and sink all located in your kitchen? Yes No

If NO, please give details: _____

Do you have a pet? Yes No If YES, what kind and how many of each? _____



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FINANCIAL INFORMATION

Monthly Income:	Applicant	Co-Applicant	
Old Age Security (OAS)	_____	_____	
Guaranteed Income Supplement (GIS)	_____	_____	
Alberta Seniors Benefit (ASB)	_____	_____	
Canadian Pension Plan (CPP)	_____	_____	
Spouse Allowance	_____	_____	
Employment Income	_____	_____	
Investment Income	_____	_____	
Line 150 of your most recent tax return	_____	_____	=====
Total Monthly Income			Combined Total:

Assets: (list description and estimated NET value)

Real Estate: Description: _____ Value: _____

Machinery & Description: _____ Value: _____

Vehicles: Description: _____ Value: _____

The information on this application is being collected under the authority of M.O. H:091/94 under the Alberta Housing Act. The Hythe & District Pioneer Homes Foundation will use this information to verify and assess housing services required by the applicant. The information is protected from public disclosure by sections 38, 40 and 41 of the Freedom of Information and Protection of Privacy Act.

Signature: _____

Date: _____