



## GREATER NORTH FOUNDATION

### Application for Accommodation – SENIOR CITIZENS (CONFIDENTIAL)

#### FREQUENTLY ASKED QUESTIONS (FAQ's)

**1. Who is eligible for the Seniors' Self-Contained Accommodations?**

- a. An independent Senior Citizen age 65 or over in core housing need.
- b. Must be functionally independent with or without the assistance of existing community-based services.
- c. Must be a Canadian citizen, individual lawfully admitted into Canada for permanent residence, or refugees sponsored by the Government of Canada.
- d. Individuals between the ages of 60-64 years of age may be considered under special circumstances, and if vacancies exist and units are not required by an eligible applicant 65 years or older. Acceptance of applications for individuals that fall within this age range will be required to sign a "Waiver for under-aged Tenants".

**2. What is the Greater North Foundation's service area?**

The Greater North Foundation provides housing options within the boundaries of the Athabasca County, Lac La Biche County, Town of Athabasca, and the Village of Boyle. The Rent Assistance Benefit is also available to applicants who reside within these boundaries, as well as, the MD of Opportunity No.17.

**3. Do I need to answer all the questions on the application?**

YES, all questions and required documentation must be supplied for the application to be processed. If a question does not apply to your situation, please indicate N/A in that section.

**4. What documentation is required with this application?**

Please refer to the attached checklist for the required documentation.

**5. How long will it take for my application to be reviewed/processed and approved.**

Once the application is completed in full and all required documentation is received, the applicable Greater North Foundation (GNF) personnel will review your application, determine your priority rating score, and place you on the waiting list. Applications are not based on first come first serve, but by priority need as assessed by the organization. There is no guaranteed timeline for placement to a GNF facility.

**6. Are Pets Permitted?**

NO pets are not permitted to reside in any housing accommodations managed by the Greater North Foundation. The only exception is "Certified Service Animals" registered as working animals with the Province of Alberta. Registration documentation will be required.

**7. How much will I be paying for rent if my application is accepted?**

Rental rates are charged on a rent geared to income (RGI) determination. You will be required to pay 30% of your gross income for rent.

**8. What is all included in my rent charge?**

The rental charge includes, heat, water, sewer, and access to laundry facilities. You will be required to pay additional fees for electricity, parking and air-conditioning (if applicable).

**9. Where do I send my completed application?**

Where to send your application will be dependent on which location and facility you are interested in. Mailing addresses will be provided in the attached application documents.

**ALL FACILITIES ARE SMOKE FREE ENVIRONMENTS**



## GREATER NORTH FOUNDATION

### Application for Accommodation – SENIOR CITIZENS (CONFIDENTIAL)

#### REQUIRED DOCUMENTATION CHECKLIST

The following documentation must be provided in order for us to access your eligibility for housing with the Greater North Foundation:

Completed Application Form

Most recent Notice of Assessment (NOA) from all household members

Other financial documentation from all members of the household– if applicable

- AISH Statements or verification of benefit amounts
- Confirmation of Supplementary Benefits paid under Income Support
- T5007 slip identifying funds received under the Rent Assistance Benefit program
- Information included on line 15000 of your NOA that is relating to a one-time payment received from the Government of Alberta or the Government of Canada that is less than or equal to 10% of the household's line 15000 on Notice of Assessment
- Information relating to Employment Insurance Family Supplement

If any household member is not a Canadian Citizen, proof of residency/refugee status must be provided  
Copy of valid Alberta Personal Health Care card from all members of the household (Documentation will be destroyed after information has been verified by GNF personnel)

Medical Assessment Report for each applicant - (Valid for 6 months)

#### **PLEASE NOTE:**

- ALL financial documentation MUST include: name of household member; date; amount and source of income.
- If the required information is not provided, we will be unable to process your application
- Further documentation may be required based on personal circumstances.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

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THE GREATER NORTH FOUNDATION MAY REQUEST PROOF OF THE FOLLOWING INCOME AT A LATER DATE IF DEEMED NECESSARY TO COMPLETE THE ASSESSMENT OF YOUR APPLICATION:

- Canada Pension Plan (CPP)
- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Alberta Seniors Benefit (ASB)
- Private Pension information
- Employment Income and/or Income from Self-Employment
- Information relating to Employment Insurance
- Workers Compensation Benefits
- Other Investment Income earned
- 3 months of bank statements (from all banking institutions you have an account with)



# GREATER NORTH FOUNDATION

## Application for Accommodation – SENIOR CITIZEN APARTMENTS (CONFIDENTIAL)

**PLEASE NOTE:** *It is your responsibility to keep your application current and up to date with pertinent information. This application will be valid for six (6) months. An updated application and medical report will be required after the six-month period to ensure the most up to date information is considered in the application and acceptance process.*

*If we are unable to make contact with you after six months (6) your application will be removed from the waiting list.*

### PLEASE PRINT:

#### Section 1 – APPLICANT(S) APPLICATION

1. Applicants Name: (Last Name) (First Name)  
 Date of Birth:  
 Are you a: Canadian Citizen Landed Immigrant Other (please list)  
 Contact Phone Number: Email:

2. Co-Applicants Name: (Last Name) (First Name)  
 Date of Birth:  
 Are you a: Canadian Citizen Landed Immigrant Other (please list)  
 Contact Phone Number: Email:

3. Present Address of Applicants:  
(P.O. Box/ Apartment No. / Street)  
(City/Town) Province (Postal Code)

4. How long have you resided in the Greater North Foundation service area?  
5 yrs or less 6-10 years more than 10 years

5. If you do not currently reside within the Greater North Foundation service area, have you resided within the service area in the past? YES No  
 If yes, please provide information relating to your past residency:



**Section 2 – TARGET POPULATION (Optional)**

If you or any member of your household identifies with any of the following populations, please check applicable boxes below. Additional information may be required to support your selection.

- |  |  |
|--|--|
| Person with a disability                       | Indigenous person                      |
| Person at risk of homelessness                 | Individual fleeing violence            |
| Veteran  | Dealing with Mental Health & Addiction |
| Racialized group                               | Recent immigrant or refugee            |
| Diverse sexual orientation, or gender identity |  |

**Section 3 – INCOME INFORMATION**

1. Please provide the amount listed on line 15000 of your most recent Notice of Assessment for each applicant.

	<u>Applicant</u>	<u>Co-Applicant</u>
Notice of Assessment Amount (line 15000)	\$	\$

**NOTE: COPIES OF THE MOST RECENT NOTICE OF ASSESSMENT ARE REQUIRED (NOA)**

2. Please identify all sources of income applicable to each applicant.

	<u>Applicant</u>	<u>Co-Applicant</u>
Old Age Security		
Guaranteed Income Supplement		
Alberta Assured Income Supplement		
(AISH) Canada Pension Plan		
Alberta Seniors Benefit		
Employment Income/Self-Employment		
Private Pension		
Employment Insurance		
Workers Compensation Benefits		
Income Support		
Investment Income		
Other Income: (Please Specify)		
Other Income: (Please Specify)		

**From the Income Sources listed above, please provide the highest source of Income for each applicant:**



3. **In the past 12 months, have you received a rental subsidy from a Housing Management Body or Government Agency?**

YES            NO

If Yes, please provide organization and subsidy amount or provide a copy of your T5007:

**Section 4 – CURRENT HOUSING INFORMATION**

- |   |  |                             |                              |             |
|---|--|-----------------------------|------------------------------|-------------|
| 1. Do you own or rent your present accommodations:  | <b>OWN</b>   | <b>RENT</b>                 |                              |             |
| 2. Present Rent or House payment is:  | \$   |                             | per month                    |             |
| Utilities:  | \$   |                             | for Heat                     |             |
|   | \$   |                             | for Electricity              |             |
|   | \$   |                             | for Water & Sewer            |             |
| 3. Is your present Accommodation a;   | House<br>Rooming House   | Apartment<br>Motel          | Has Elevator-<br>Other       | YES    NO   |
| 4. Rooms in your present accommodation;   | Kitchen<br>Bedrooms (1)  | Living Room<br>Bedrooms (2) | Dining Room<br>Bedrooms (3+) | Bathroom(s) |
| 5. Number of people sharing your accommodations;  |  | Adults                      | Children                     |             |
| 6. Does any member of your household require accommodations adapted for special needs (i.e. wheelchair accessibility, etc?) |  |                             |                              |             |
| 7. Do you share with other Occupants the use of the Kitchen, Bathroom, or your Bedroom?                                     |  |                             | YES                          | NO          |
| <b><u>IF YES,</u></b>   | <b>Number of Person (s) sharing Kitchen</b><br><b>Number of Person (s) sharing Bathroom</b><br><b>Number of Person (s) sharing Bedroom</b> |                             |                              |             |
| 8. Are your Shower, and/or Bathtub, Toilet and Sink all located in your Bathroom?   |  |                             | YES                          | NO          |
| <b><u>IF NO,</u></b> Please give details;   |  |                             |                              |             |
| 9. Is your Stove, Refrigerator, Cupboards, Counter space and Sink all located in your Kitchen?                              |  |                             | YES                          | NO          |
| <b><u>IF NO,</u></b> Please give details;   |  |                             |                              |             |



10. Reason for wanting to Move;

11. Have you ever rented or resided in a facility managed by the Greater North Foundation? YES NO  
If yes, please explain the reason for your departure:

12. Have you received a Notice to Vacate (Eviction) from your current landlord YES NO

If you have been given a 'NOTICE TO VACATE', please submit a copy of the notice and state the reason for the Eviction.  
Reason;

13. **FOR APPLICANTS USE;** (Other information you wish to provide)

**PLEASE SELECT THE LOCATION YOU ARE APPLYING FOR (More than one option may be selected):**

Athabasca  
Contact: Manager  
4102 – 50<sup>th</sup> St.  
Athabasca, AB  
T9S 0A6  
Ph: 780-675-1178  
[athabasca@gnfoundation.ca](mailto:athabasca@gnfoundation.ca)

Lac La Biche  
Contact: Manager  
Box 154  
Lac La Biche, AB  
T0A 2C0  
Ph: 780-623-3331  
[llbhous@gnfoundation.ca](mailto:llbhous@gnfoundation.ca)

Boyle  
Contact: Manager  
Box 420  
Boyle, AB  
T0A 0M0  
Ph: 780-689-3882  
[boyle@gnfoundation.ca](mailto:boyle@gnfoundation.ca)

Plamondon  
Contact: Manager  
Box 900  
Lac La Biche, AB  
T0A 2C0  
Ph: 780-623-4364  
[lacalta@gnfoundation.ca](mailto:lacalta@gnfoundation.ca)

**Completed Application can be forwarded to the selected location above or to the administration office at:**

Greater North Foundation      Phone: 780-675-9660  
Unit #1, 3603 – 53 St.      E-Mail: [admin@gnfoundation.ca](mailto:admin@gnfoundation.ca)  
Athabasca, AB  
T9S 1A9



**Section 5 – APPLICANT’S DECLARATION & CONSENT**

**This application cannot be processed if it is not authorized by both applicants (if applicable)**

1. I/we understand that this is an application for accommodations and not an agreement on the part of **GREATER NORTH FOUNDATION**, or its agents, to provide me with rental accommodation.
2. I/we further acknowledge the right of **GREATER NORTH FOUNDATION**, or its Agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.
3. I/we authorize **GREATER NORTH FOUNDATION**, or its agents to investigate any or all of the statements made by me in this application, being fully aware that discovery of any false statement shall cancel any further consideration of my application.
4. I/we further agree that I am obligated to advise **GREATER NORTH FOUNDATION**, or its agents, in writing, of any changes in family composition, gross family income, assets, employment status or a change of address, should they occur.
5. **I/we understand that this information is being collected under the authority of the Protection of Privacy Act section 4(c) for the purpose of administering a subsidized housing program. Any questions or concerns regarding the use and/or handling of my information should be directed to the Information Coordinator at 780-675-9660.**
6. I/we understand that failing to respond to requests by GNF for additional information or documentation may result in the application being declined.
7. Providing false information to GNF may result in the application being cancelled and individuals being no longer eligible for housing.

Signature of Primary Applicant

Signature of Co-Applicant

Signature of Witness

Date

**Section 6 – EMAIL CONSENT (Optional)**

I/we agree to correspond with GNF through e-mail and hereby:

Authorize GNF to communicate with me/us by email for any correspondence, requests for information, or any other documents as necessary.

- Understand that this authorization remains in effect unless cancelled in writing.
- Understand that email is not a secure form of communication and interception by a third party is possible, and confidentiality of any email message cannot be ensured.

Signature of Applicant

Signature of Co-Applicant

Date



**FOR OFFICE USE ONLY:**

**Applicants Name:**

Reviewed by:

Title:

Date:

Government ID Verified (Including Age) on all household members:

*(Acceptable ID sources: Alberta Health Care, Driver's License, Passport, Birth Certificate)*

Date:

ID Source:

Application Incomplete: Reasons:

Applicant Contacted on (date):

Application Accepted on (date):

Application Ineligible- Reason(s):

Application Reviewed on (date):

Application inactive (date):

Reason for Inactive: