



**KILMORIE PLACE OR OXLEY MANOR  
APPLICATION FOR ACCOMMODATION**

*The personal information in this form is being collected by Mosquito Creek Foundation under sections 33(c) for the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact MCF at 403-646-2660 (Ext: 300) or rsm@swlnanton.com*

**Please review the following information, regarding the completion of this application.**

- 1) Complete all questions and supply ALL of the required information. If a question does not apply to you, mark N/A in the section.
- 2) You will be required to provide a current income tax Notice of Assessment to verify your income and a Medical Form completed by your doctor. (See Attached)
- 3) The applicant is required to sign this form in four places.
- 4) All information on this application is confidential.
- 5) Applicants may be interviewed as part of the approval process.

1. APPLICANT'S NAME

\_\_\_\_\_

(Last name, First name)

DATE OF BIRTH: YEAR / MONTH / DAY

2. CO-APPLICANT'S NAME:

\_\_\_\_\_

(Last name, First name)

DATE OF BIRTH: YEAR / MONTH / DAY

3. Are all members listed above Canadian Citizens?     Yes     No

4. PRESENT ADDRESS:

\_\_\_\_\_

Street Number and Name

\_\_\_\_\_

Town/City

Province

Postal Code

\_\_\_\_\_

Telephone

Email



5. Please list the name of your Insurance Company, which insures your personal belongings.

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

6. Do you own or rent your present apartment?  Own  Rent

Present Rent/House payment \$ \_\_\_\_\_ per month,

Present Heat Payment \$ \_\_\_\_\_ per month,

Present Electricity Payments \$ \_\_\_\_\_ per month,

Present Water/Sewer Payment \$ \_\_\_\_\_ per month,

If renting, NAME OF LANDLORD: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

HOW LONG HAVE YOU LIVED HERE? \_\_\_\_\_

*If less than five years, please list previous landlord/Address:*

NAME OF LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

HOW LONG DID YOU LIVE THERE? \_\_\_\_\_

*By naming the individuals in question 6, the applicant consents to the release of information between Mosquito Creek Foundation staff and these individuals regarding the applicant's current or previous tenancies.*

**X** \_\_\_\_\_  
**(Signature)**

7. Is your present accommodation a:

House  Townhouse  Apartment  Rooming House  Hotel or Motel

Other \_\_\_\_\_

8. Rooms in your present accommodation:  Kitchen  Living Room  Dining Area

Number of bathrooms: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_



9. Do you share any part of the accommodation with person(s) other than those listed on this application?  Yes  No

If yes, how many other people? \_\_\_\_\_ Number of adults: \_\_\_\_\_

Number of Children: \_\_\_\_\_

What part of the accommodation is shared? \_\_\_\_\_

If you do not pay rent, do you contribute financially?  Yes  No

If yes, specify: \_\_\_\_\_

10. Do you require a parking spot?  Yes  No

11. Do you have a pet?  Yes  No

*Please note: No pets, except fish in an aquarium, will be permitted in any unit*

12. Have you ever been asked to vacate your premises?  Yes  No

If yes, why? \_\_\_\_\_

13. Reasons for wanting to move: \_\_\_\_\_

\_\_\_\_\_

14. Other information I wish to provide: \_\_\_\_\_

\_\_\_\_\_

15. Please list at least 2 people who can be contacted in the event of an emergency. - Please provide their names, relationship, and daytime telephone number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By naming the individuals in question 15, the applicant consents to the release of information between Mosquito Creek Foundation staff and these individuals regarding the applicant's health, safety, well-being and/or ability to maintain independent living.*

X \_\_\_\_\_  
(Signature)



**MONTHLY INCOME**

**A COPY IS REQUIRED OF YOUR CURRENT CANADA REVENUE AGENCY – “NOTICE OF ASSESSMENT”**

	APPLICANT	CO-APPLICANT
OLD AGE SECURITY AND GUARANTEED INCOME SUPPLEMENT	_____	_____
ALBERTA SENIORS BENEFIT	_____	_____
CANADA PENSION PLAN	_____	_____
SPOUSE ALLOWANCE	_____	_____
COMPANY PENSION	_____	_____
WAR VETERANS ALLOWANCE	_____	_____
WAR DISABILITY PENSION	_____	_____
EMPLOYMENT INCOME	_____	_____
SOCIAL ASSISTANCE	_____	_____
OTHER INCOME: SPECIFY _____	_____	_____
TOTAL MONTHLY INCOME:	\$ _____	\$ _____



**INVESTMENT INCOME:** This is income from bonds, stocks, term deposits, bank accounts, real estate, etc.

<b>INVESTMENT</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total Investment Income</b>	\$ _____	\$ _____

I have resided in the Province of Alberta for \_\_\_\_\_ years of my life and in the area for \_\_\_\_\_ years.

I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the “Canada Evidence Act.”

**X** \_\_\_\_\_  
**Signature of Applicant**

I understand that this is just an application and that it is not an agreement for lease on the part of Mosquito Creek Foundation, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Mosquito Creek 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.

I authorize Mosquito Creek 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 statements shall cancel any further consideration of my application.

I further agree that I am obligated to advise Mosquito Creek Foundation, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

**X** \_\_\_\_\_  
**Signature of Applicant**



**FORM TO BE COMPLETED BY EXAMINING PHYSICIAN**

- This Medical Information form is required by Mosquito Creek Foundation regarding all Applicants seeking admission into self-contained Senior Citizen Apartments, namely Kilmorie Place in Nanton and Oxley Manor in Stavely. 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 able to look after himself/herself in a self-contained apartment – type complex.
- Any change for the completion of this form is the responsibility of the Applicant.
- Once the Applicant has signed the Authorization, do not return to applicant, mail, email or fax the form to the following:

Mosquito Creek Foundation  
Box 40 Nanton, AB. T0L 1R0  
rsm@swlnanton.com  
403-646-2666 (fax)

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

X: \_\_\_\_\_

Signature of Consent to Release Information to Mosquito Creek Foundation

1. How do you rate the applicant's physical health?  
\_\_\_\_\_
2. Has the applicant maintained his/her physical health over the past six months?  
Yes  No  If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Has the applicant had recent hospitalization / medical attention? Yes  No   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. What medical conditions does the applicant have? \_\_\_\_\_  
\_\_\_\_\_
5. Date of most recent chest x-ray? \_\_\_\_\_
6. Does the applicant exhibit any signs of cognitive impairment? Yes  No   
If yes, has the applicant had any investigation as to cause or prognosis?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Has the applicant had a Mini Mental or other cognitive function testing done recently?  
Yes  No   
If no, would a cognitive function test be beneficial in assessing the applicant's suitability for living in a self contained unit?  
Yes  No

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8. Is the applicant on medications? Yes  No   
If yes, do you believe the applicant to be capable of taking and renewing his/her own medications?  
Yes  No
9. Does the applicant require oxygen? Yes  No
10. Does the applicant require a restricted diet due to a medical condition/s?  
Yes  No   
If yes, what type? \_\_\_\_\_  
\_\_\_\_\_
11. For Kilmorie Place, Is the applicant able to safely climb 3 or 4 steps to enter and exit an apartment?  
Yes  No
12. Does the applicant have any physical disabilities / medical conditions that affect his / her independent function? Yes  No   
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
13. In your opinion, is the applicant capable of:  
Managing own dressing and grooming? Yes  No   
Managing own bowel and bladder function? Yes  No
14. How long has the applicant been your patient? \_\_\_\_\_
15. Any other medical information that would be beneficial in assessing this applicant's suitability for living in a self contained unit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: (please print) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City/ Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Date: \_\_\_\_\_

*Personal Information provided on this form is collected under the authority of the Alberta Housing Act and the Freedom of Information of Privacy Act of the Province of Alberta, Section 32 c.*