

Mosquito Creek Foundation
NANTON



**Application for Seniors Self-Contained Accommodation
Kilmorie Place and Oxley Manor**

Instructions:

- 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.
- 3) The applicant is required to sign this form in three places.
- 4) All information on this application is confidential.
- 5) Applicants will be interviewed as part of the approval process.

1. Applicants Name: _____

Date of Birth: _____

2. Co-Applicants Name: _____

Date of Birth: _____

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

4. Present Address: _____

Phone: _____

Email Address: _____

5. Is your present accommodation a:

House Townhouse Apartment Rooming House Hotel or Motel

Other _____

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

Number of bathrooms: _____ Number of bedrooms: _____

7. Do you share any part of the accommodation with people 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: _____

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8. Monthly Income - All information regarding your income must be complete and accurate.

A copy of your Current Canada Revenue Agency Notice of Assessment is required.

	<u>Applicant</u>	<u>Co-Applicant</u>
Old Age Security	_____	_____
Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit	_____	_____
Canada Pension Plan	_____	_____
Spousal Allowance	_____	_____
Company Pension	_____	_____
Veterans Allowance	_____	_____
Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income (please specify) _____	_____	_____
Total Monthly Income:	\$ _____	\$ _____

Investment Income from bonds, stocks, term deposits, bank accounts, real estate, etc.

<u>Investment</u>	Annual Income	Monthly Income
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Investment Income:	\$ _____	\$ _____

9. Please list the name of your Insurance Company, that insures your personal belongings.

Insurance Company: _____

Policy Number: _____

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10. Do you own or rent your present accommodation? Own Rent

Current rent or house payment is \$_____ per month,
plus \$_____ for heat, \$_____ for electricity, and \$_____ for water and sewer.

If renting, the name of your landlord: _____

Phone: _____

How long have you lived there? _____

If less than five years, please list previous landlord:

Name of Landlord: _____

Address: _____

Phone: _____

How long did you live there? _____

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

X _____
(Signature)

11. Do you require a parking spot? Yes No

12. Do you have a pet? Yes No

Please note: At this time only fish in an aquarium are permitted at Kilmorie Place. Small dogs and cats are permitted at Oxley Manor with prior approval only.

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

If yes, why? _____

14. What are your reasons for wanting to move? _____

15. Other information I wish to provide: _____

16. I have resided in the Province of Alberta for ____ years, and in the MD of Willow Creek or the MD of Ranchland for ____ years.

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17. The Government of Alberta requires the collection of the following information. Does the applicant(s) identify as:

Indigenous No _____ Yes _____

Disabilities (physical or developmental) No _____ Yes _____

Fleeing violence or trafficking (including leaving second-stage shelters) No _____ Yes _____

At risk of homelessness or transitioning out of homelessness supports No _____ Yes _____

Mental health or addictions No _____ Yes _____

Veterans No _____ Yes _____

LGBTQ2S+ No _____ Yes _____

Visible minority or racialized No _____ Yes _____

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

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

X _____
(Signature)

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 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.

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 _____

Mosquito Creek Foundation
NANTON



(Signature)

MOSQUITO CREEK FOUNDATION

Non Qualified Social Housing Tenants

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 Mosquito Creek Foundation or any authority on their behalf.

Date

Signature of Applicant

Witness

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ADDENDUM

I/We agree to rent the accommodation located at: _____

I/We agree that if the said accommodation is needed to house a qualified social housing tenant the Mosquito Creek Foundation may terminate my tenancy in accordance with the Alberta Housing Act and the Social Housing Accommodation Regulation.

This Agreement is attached and forms part of the Residential Lease Agreement.

Signature of Tenant

Date

Signature of Tenant

Date

Signature of Landlord

Date

Revised Jan 2026



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



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.