



## Application for Housing

Please submit the following documents together to apply:

- Application Form:** Complete the attached document. You may leave the Statutory Declaration (found on page two) blank and complete it at the interview with our Admissions Manager or you may have another Commissioner of Oaths complete it.
- Medical Form and Release:** Form (found on page seven) must be completed and signed by your doctor.
- Notice of Assessment:** A copy of your most recent Notice of Assessment showing Line 150.
- RRSPs, RIF, Annuity Withdrawals (if Applicable).** Proof of any and all withdrawals during previous tax year.

**Fax:**

**Mail:** Admissions  
Bishop O'Byrne Housing Association  
#117, 100 Nina Gardens NE  
Calgary, AB T2E 8L4

**Email:** [admissions@bobha.com](mailto:admissions@bobha.com)

The Admissions Manager will contact you to arrange an interview to discuss your application once all supporting documents have been received. Interviews are conducted at Columbus Place, 100 Nina Gardens NE, Suite #117. If you have any questions, please leave a message at our Admissions Office at 403-452-0803.

**In order to keep your file active, please contact our Admissions Office once per year.**

**STATUTORY DECLARATION  
APPLICATION FOR ACCOMMODATION**

**PLEASE READ CAREFULLY**

I understand that this is just an application and that it is not an agreement on the part of Bishop O’Byrne Housing Association, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Bishop O’Byrne Housing Association, 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 Bishop O’Byrne Housing Association or its agents to investigate any or all 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.

I agree that I am obligated to advise Bishop O’Byrne Housing Association, or its agents, in writing, of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.

.....  
Signature of Witness

.....  
Signature of Applicant

DOMINION OF CANADA)  
PROVINCE OF ALBERTA)

IN THE MATTER OF THIS APPLICATION  
FOR DWELLING ACCOMMODATION UNDER  
BISHOP O’BYRNE HOUSING ASSOCIATION.

I/We, ....., of the ..... of .....,  
Name(s) City or Town Name of City/Town

In the Province of Alberta, do solemnly declare as follows:

1. That I (we) am (are) the applicant(s) named in this application;
2. That the statements made by me (us) in this application are to the best of my (our) knowledge, information, and belief, full and true in all respects;
3. That I (we) are residing legally in Canada.

And I (we) 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.”

**Declared before me:**

At the City of Calgary in the Province of Alberta, This ..... day of....., 20.....

.....  
Signature of Applicant

.....  
Co-Applicant

.....  
A Commissioner for Oaths in and for the Province of Alberta

.....  
Name: Printed

.....  
My Appointment expires (day, month, and year)

This personal information is being collected under the authority of the Alberta Housing Act and Alberta Regulation (Social Housing Accommodation Regulation) and will be used to evaluate the need and eligibility for subsidized senior citizen housing and/or affordable housing. Collection is authorized by Section 32 of the Freedom of Information and Protection of Privacy Act.

**PLEASE COMPLETE ALL APPLICABLE SECTIONS**

**Date:** .....

**Applicant's Information:**

1. Name: .....  
(Last Name) (First Name)
2. Date of Birth: ..... Gender: .....  
(Day, Month, Year)
3. Co-Applicant's Name: .....  
(Last Name) (First Name)
4. Date of Birth: ..... Gender: .....  
(Day, Month, Year)
5. Present Address: .....  
(P.O. Box /Apartment No. /Street)  
.....  
(City/Town/Village) (Postal Code)
6. Telephone: ..... Email: .....
7. Alternate Contact Person:  
.....  
(Name) (Phone) (Relation)

**Citizenship and Residency:**

8. What best describes your residency status?:  
Canadian Citizen  Permanent Resident  Sponsored Immigrant   
Refugee  Landed Immigrant  Other .....
9. How long have you been a resident of Canada (in years)?: .....

**References and Income Verification:**

10. If you or your co-applicant have employment income, please provide contact information for supervisor(s) for reference and income verification.

Name of your Employer: ..... Telephone Number: .....

Name of Co-Applicant's Employer: ..... Telephone Number: .....

11. Do you have a social worker? Yes  No

If yes:

Name: ..... Agency: ..... Phone: .....

**Bank Accounts and Assets:**

12. Please specify the current balance in all banking or investment accounts held by applicant or co-applicant:

Chequing Account: ..... (\$) .....

Savings Account: ..... (\$) .....

RRSP: ..... (\$) .....

RIF: ..... (\$) .....

Other: ..... (\$) .....

**Vehicle:**

13. Do you own a vehicle? Yes  No

14. Would you be interested in a suite if no parking spot is available?

Yes  Maybe  No

**Accommodation History:**

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

16. Monthly Rent or Mortgage Payment \$ .....

Heat \$ .....

Light \$ .....

Water and Sewer \$ .....

17. If renting, contact information of your present Landlord in order to obtain a reference:

Name: .....

Address: ..... Telephone No.: .....

How long have you resided at this address? .....

18. If you have been at your present address for less than one year, please provide contact information for your previous Landlord in order to obtain a reference:

Name: ..... Phone: .....

Permission to contact your Landlord(s) for a reference (please sign): .....

19. Have you been a previous tenant with Bishop O’Byrne Housing Association?

Yes  No

If yes, which apartment and when? .....

20. Which best describes your present accommodation? House  Apartment  Motel/Hotel   
Basement Suite  Rooming House  Shelter/Couching/Homeless

If Basement Suite:

Does your bedroom window open and are you able to exit safely in the event of a fire?

Yes  No

21. How many people share your present accommodation (including yourself)?

Adults:..... Children: .....

22. Do you share your bedroom with another occupant who is not your partner?

Yes  No

If yes: Number of people sharing the bedroom: .....

23. When are you looking for housing? .....

24. Reasons for wanting to move:

.....  
.....  
.....

25. If you have been given a “NOTICE TO VACATE” please submit a copy of the notice and state reason for eviction:

.....  
.....

**Accessibility and Accommodation:**

26. Does any member of your household require accommodation adapted for a special need?

Yes  No

Need (s): Roll-in Shower  36" (Accessible) Doorways  Other

If other, please describe:

.....  
.....

27. Does your present accommodation meet your accessibility and accommodation needs?

Yes  No

If no, what aspects do not meet your needs?: .....

**Smoking:**

28. Do you smoke? Yes  No

**Locations:**

29. Please mark which locations you would like to apply to:

**Seniors Self-Contained Housing:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Anthonian Court</b><br>5320 – 4 <sup>th</sup> Street SW | <input type="checkbox"/> <b>Francis Klein Centre</b><br>240 - 92 Avenue SE |
| <input type="checkbox"/> <b>Carroll Place</b><br>1540 Northmount Drive NW           | <input type="checkbox"/> <b>St. James Court</b><br>2040 - 54 Avenue SW     |
| <input type="checkbox"/> <b>Columbus Manor</b><br>40 - 11A Street NE                | <input type="checkbox"/> <b>St Paul’s Villa</b><br>3211 Edmonton Trail NE  |
| <input type="checkbox"/> <b>Crossroads Court</b><br>1720 - 14 Avenue NE             |  |

**Affordable Housing:**

*Rents at Columbus Place are fixed. Currently \$680 for 1 bedrooms and \$962 for 2 bedrooms*

- Columbus Place**  
100 Nina Gardens NE

# MEDICAL INFORMATION

To: Attending Physician:

- A. This medical information form is required by **Bishop O’Byrne Housing Association** for all Applicants seeking admission into self-contained independent living suites.
- B. All information must be current within a 6-month time frame.
- C. 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 apartment-type complex. All information is confidential and its specific purpose is in accordance with the Freedom of Information & Protection of Privacy Act.
- D. Any charge for the completion of this form is the responsibility of the Applicant.
- E. Once the Applicant has signed the Authorization, please do not return the form to the Applicant but mail or fax it directly to:

Bishop O’Byrne Housing Association  
ATTN: Admissions  
#117, 100 Nina Gardens NE  
Calgary, AB T2E 8L4  
Fax: 403-455-4871

## 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 **Bishop O’Byrne Housing Association** or any authority acting on their behalf.

Signature of Applicant: .....

Print Name: .....

Date: .....

## MEDICAL INFORMATION

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: .....

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. Do you consider the applicant to be suitable to live in a senior's apartment 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 citizen's housing, and list any serious medical concerns the manager should be aware of.

*(We do not provide meals or housekeeping services)*

.....  
.....

Signature of Physician: .....

Date: .....

Name of Physician:.....

Phone: .....

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