

DESCRIPTION	1 <sup>st</sup> APPLICANT	2 <sup>nd</sup> APPLICANT
<b>NAME:</b>	Please Circle: Mr. Mrs. Ms. Miss  (First Name) (Last Name)	Please Circle: Mr. Mrs. Ms. Miss  (First Name) (Last Name)
<b>ADDRESS:</b>		
<b>POSTAL CODE:</b>		
<b>PHONE:</b>		
<b>BIRTHDATE (m/d/y)</b>		
<b>AGE:</b>		
<b>CITIZENSHIP:</b> <ul style="list-style-type: none"> <li>• Canadian Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Government sponsored <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Landed Immigrant <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>		
<b>LANGUAGE:</b> <ul style="list-style-type: none"> <li>• English <input type="checkbox"/> Spoken <input type="checkbox"/> Understood</li> <li>• Other <input type="checkbox"/> Spoken</li> <li>• Require interpreter <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>		
Have you lived in a GEF building before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, where?		

**FINANCIAL INFORMATION:**

DESCRIPTION	1 <sup>st</sup> APPLICANT	2 <sup>nd</sup> APPLICANT
Total income from Line 150 of last income tax return – Please Indicate Tax Return Year	\$	\$
<i>Comprised of (please check appropriate box):</i>		
Old Age Security	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Income Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Alberta Seniors Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Assured Income for the Severely Handicapped (A.I.S.H.)	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan (CPP)	<input type="checkbox"/>	<input type="checkbox"/>
Other Income (specify)		

**ALTERNATE CONTACT:**

Name: \_\_\_\_\_ Res. Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

**TYPE OF ACCOMMODATION NEEDED:**

<input type="checkbox"/> SINGLE OCCUPANCY <input type="checkbox"/> DOUBLE OCCUPANCY <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <b>SMOKING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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# LODGE ACCOMMODATION APPLICATION

**LOCATION PREFERENCE:** 1<sup>ST</sup> Choice \_\_\_\_\_ 2<sup>ND</sup> Choice \_\_\_\_\_

When are you interested in moving? \_\_\_\_\_

**CURRENT ACCOMMODATION:**

Home Owner: If Yes (check type): <input type="checkbox"/> YES <input type="checkbox"/> NO    Condo <input type="checkbox"/> House/Duplex <input type="checkbox"/> Other: _____	
Renter: <input type="checkbox"/> YES <input type="checkbox"/> No	
How long have you lived at your present address?    Months: _____    Years: _____	
Is your accommodation shared? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, number of <input type="checkbox"/> Adults (# _____ ) <input type="checkbox"/> Bedrooms (# _____ ) <input type="checkbox"/> Children (# _____ ) <input type="checkbox"/> Bathrooms (# _____ )
If you share accommodation, are these relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What are your present monthly payments?    Rent \$ _____    Property Taxes \$ _____ Heat \$ _____    Light \$ _____    Water \$ _____    Other _____	
Most Recent Landlord: _____ Contact Name: _____    Phone Number: _____ Property Management Company (if applicable): _____	
<p><b><i>If you have been given a Notice to Vacate, please attach a copy of notice indicating the reason.</i></b></p>	

Other related information you wish to provide:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Co Applicant Signature

**Please return to:**

**The site of your choice or forward to:**  
**GEF Seniors Housing**  
**Central Office**  
**14220 – 109 Avenue**  
**Edmonton, Alberta**  
**T5N 4B3**

**Questions may be directed to the Central Office at 780-482-6561**

Your personal information is being requested under authority of the Alberta Housing Act and its regulations. Information that you provide to us will be used to determine eligibility for subsidized housing. Your personal information will be protected in compliance with The Freedom of Information & Protection of Privacy (FOIP) Act and its regulations. If you have any questions about the collection and use of this information, please contact the Information & Privacy Officer at 780-482-6561.