



RESIDENT APPLICATION

Self-Contained

IMPORTANT

Please review the checklist and make sure that all documents are included when this application is submitted.

Remember to sign the application declaration.

Missing information will delay the processing of your application.

Submit your completed application in-person with supporting documents to:

Whispering Waters Manor
5303-47 Street,
Stony Plain, AB
T7Z1P1

Ph. 780-963-2149
Fax. 780-963-0923

Criteria

Applicants must be:

- 65 year of age or older
- Independent

Application Process

All applications will be scored according to need, and priority will be given to those in greatest need of affordable housing accommodations.

Meridian Foundation uses a point scoring tool legislated by the Government of Alberta to determine waiting list priorities. If the gross yearly income of the Applicant is more than the amount specified under the "Alberta Housing Act" Social Housing Accommodation regulations (presently \$39,000 for a one-bedroom suite, \$50,000 for two bedroom suite) the applicant, if approved, will be placed on a separate waiting list. The applicant will only be contacted concerning a vacancy when all current applicants whose incomes are under the amount indicated above have been contacted and have refused the accommodations.

Rents are calculated at 30% of the applicant(s)' total income (Notice of Assessment, Line 150).

Applicants should schedule an interview with our Housing Administrator as part of their application process. And if successful, will be placed on our waiting list.

Applicants who are on the waiting list for more than one year will be asked if they want to continue with their applications.

Applicants who have been offered accommodations and refused the accommodations three times will be removed from the waiting list.

Privacy Statement

The personal information collected on this form will be used for the purpose of determining eligibility of applicant for housing with Meridian Foundation. This information is collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. Contact the FOIP Coordinator at 780-963-2149 or privacy@meridianfoundation.ca

Retain this Cover Sheet for your records/information.

Return Application to Meridian Foundation Office.

Application Checklist:

- Fully Completed Application Pages 1 and 2.
- Signed Declaration (Application Page 3).
This can be commissioned by Meridian Foundation staff.
- Completed ADMIN New Resident 1 Personal Information.
- Notice of Assessment for current year (or supporting documentation).

MERIDIAN FOUNDATION RESIDENT APPLICATION

Self-Contained (Page 1)

Personal Information	Date of Application
-----------------------------	---------------------

Title (Circle) Mr. Miss Mrs. Ms.	Applicant 1 Legal Last Name	Legal First Name	Initial
--	-----------------------------	------------------	---------

Birthdate (MM-DD-YYYY) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Legal Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other _____
---	---	---

Street Address	City	Province	Postal Code
----------------	------	----------	-------------

Email	Home Phone	Alternative Phone
-------	------------	-------------------

Co-Applicant Personal Information (if Applicable)

Title (Circle) Mr. Miss Mrs. Ms.	Applicant 2 Legal Last Name	Applicant 2 Legal First Name	Initial
--	-----------------------------	------------------------------	---------

Birthdate (MM-DD-YYYY) Applicant 2 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Relation to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	Applicant 2 Legal Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other _____
--	---	---	---

Resident Information

Are you a resident of a Contributing Municipality? (Parkland County, Stony Plain, Spruce Grove, Wabamun) <input type="checkbox"/> Yes If Yes, how long have you been a resident? <input type="checkbox"/> No _____ years	Length of residence in: ALBERTA? CANADA? _____ years _____ years
---	--

Housing Reference and Consent

Landlord 1 Name	Address
-----------------	---------

Phone Number	Date From	Date To
--------------	-----------	---------

I hereby give permission to Meridian Foundation to obtain the following information from my previous landlord. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Signature</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Date</p>	For office use only:	YES	NO	Comments
	<input type="checkbox"/> Rent paid on time?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Rent in arrears?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Documented tenancy complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Would rent to applicant again?	<input type="checkbox"/>	<input type="checkbox"/>		

MERIDIAN FOUNDATION RESIDENT APPLICATION

Self-Contained (Page 2)

Income Information

**All income will be re-verified prior to Lease*

Process

Line 150, Notice of Assessment

Investments (Including stocks, bonds, term deposits, bank accounts, real estate, RRIFs, etc.)

Line 150, Notice of Assessment
(Co-Applicant)

Current Housing Conditions

Resident Status <input type="checkbox"/> Renting <input type="checkbox"/> Property Owner	Monthly Payment Amount (Rent/Mortgage Payment) \$ _____	Do you pay? <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Water/Sewer	Residence Type <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____
---	--	---	---

Do you share accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of People Sharing House <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; text-align: center;">Adults</td> <td style="width: 50%; text-align: center;">Children</td> </tr> <tr> <td style="border-right: 1px solid black; height: 20px;"></td> <td style="text-align: center; height: 20px;"></td> </tr> </table>	Adults	Children			Number of People sharing: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; text-align: center;">Bathroom</td> <td style="width: 25%; border-right: 1px solid black; text-align: center;">Bedroom</td> <td style="width: 25%; border-right: 1px solid black; text-align: center;">Kitchen</td> <td style="width: 25%; text-align: center;"></td> </tr> <tr> <td style="border-right: 1px solid black; height: 20px;"></td> <td style="border-right: 1px solid black; height: 20px;"></td> <td style="border-right: 1px solid black; height: 20px;"></td> <td style="text-align: center; height: 20px;"></td> </tr> </table>	Bathroom	Bedroom	Kitchen					
Adults	Children													
Bathroom	Bedroom	Kitchen												

Are you currently living in an abusive situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you manage your current accommodations (yardwork, housework, repairs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have other housing options available? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

Do you NEED to move out of your current location? <input type="checkbox"/> Yes If YES , why: _____ <input type="checkbox"/> No	What other reasons do you have for moving: _____
--	--

Personal Needs Information

In which of the following areas do you have difficulty? <input type="checkbox"/> Using stairs <input type="checkbox"/> Preparing meals <input type="checkbox"/> Laundry <input type="checkbox"/> Housekeeping <input type="checkbox"/> Shopping	Which Home Care Support Services do you currently use? <input type="checkbox"/> Bath Assist <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Medication Help <input type="checkbox"/> Other _____
---	---

Mobility Aides: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Other _____	Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Floor Level Preference <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or Top	Do you have your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	---

Location Preference: <input type="checkbox"/> Any	Spruce Grove <input type="checkbox"/> Spruce Haven Manor	Stony Plain <input type="checkbox"/> Alberta Rose Manor <input type="checkbox"/> Diamond Jubilee Manor <input type="checkbox"/> Meridian Pioneer Manor	Wabamun <input type="checkbox"/> Foster Manor
---	---	---	--

Is there any other information you wish to provide for your application for housing with Meridian Foundation?

Statutory Declaration

CANADA

PROVINCE OF ALBERTA
TO WIT:

IN THE MATTER OF THIS APPLICATION FOR
HOUSING ACCOMMODATIONS WITH
MERIDIAN FOUNDATION.

I, _____ of _____ in the Province of Alberta,
Name of Applicant Municipality of Applicant

do solemnly declare as follows:

- this is my/our application; and
- all the information in it is correct and complete to the best of my/our knowledge.

I/We authorize:

- Meridian Foundation to make any inquiries that are necessary to verify the information given in this application;
- any person, corporation or social agency to release to Meridian Foundation any information pertinent to the assessment of my/our application; and
- members of Meridian Foundation to receive and exchange with credit bureaus and my/our previous landlords credit and other tenancy information about me/us, to be used in the decision-making process to provide me/us with housing;

I/We understand:

- that this application is not an agreement on the part of Meridian Foundation or its members to provide me/us with housing;
- that if I/we are being considered for an available unit, Meridian Foundation may gather additional information in order to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide or cause to be provided information requested to assist with this assessment;
- that it is my/our responsibility to tell Meridian Foundation of any changes to the information given in this application and to provide any supporting materials required;
- that false information given by me/us may result in my/our application being cancelled from consideration; and
- that Meridian Foundation at any time prior to the execution and delivery to me of a lease hereby applied for, to with draw, revoke or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as it made under oath.

DECLARED before me

At _____ in the Province of _____
Municipality Province

this _____ day of _____,
day month

20_____.
year

Signature of the Applicant



NEW RESIDENT Personal Information

Resident (1) Name		Date of Birth (MMM- DD- YYYY)	AHC#	
Food Allergies			Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle YEAR and MAKE (if applicable)		Vehicle License Plate Number		
Resident (2) Name		Date of Birth (MMM- DD- YYYY)	AHC#	
Food Allergies			Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle YEAR and MAKE (if applicable)		Vehicle License Plate Number		
Next of Kin - Primary				
Name		Relationship	Phone Number	
Email		Cel Number		
Next of Kin - Secondary				
Name		Relationship	Phone Number	
Email		Cel Number		
Executor				
Name		Relationship	Phone Number	
Email		Cel Number		
For Office Use	Phone Number		Suite	Building
	Inspection <input type="checkbox"/> ID# _____	<input type="checkbox"/> Void Cheque <input type="checkbox"/> Security Deposit <input type="checkbox"/> Medi-Pendant <input type="checkbox"/> Insurance	<input type="checkbox"/> Laundry <input type="checkbox"/> Meals <input type="checkbox"/> Parking	<input type="checkbox"/> Cardx <input type="checkbox"/> Direct Debit <input type="checkbox"/> Keys <input type="checkbox"/> Pendant
	Move in Date			

The personal information collected on this form will be used for the purpose of maintaining a resident file for operational purposes including creating a contact sheet for residents and managing Meridian Foundation parking facilities. This information is collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. If further information is required, contact the Meridian Foundation FOIP Coordinator at 780-963-2149 or privacy@meridianfoundation.ca.