



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.

Rents are approved by the Alberta Government and set to be at least 10 per cent below market value.

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 Housing 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 Housing Foundation Office.

Application Checklist:

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

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Affordable Housing (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 _____
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Do you share accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of People Sharing House	Number of People sharing:			
	_____ <i>Adults</i>	_____ <i>Children</i>	_____ <i>Bathroom</i>	_____ <i>Bedroom</i>	_____ <i>Kitchen</i>

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

Personal Needs Information

In which of the following areas do you have difficulty? <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 _____
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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	Do you have your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there any other information you wish to provide for your application for housing with Meridian Housing Foundation?

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Affordable Housing (Page 3)

Statutory Declaration

CANADA

PROVINCE OF ALBERTA

TO WIT:

IN THE MATTER OF THIS APPLICATION FOR
HOUSING ACCOMMODATIONS WITH
MERIDIAN HOUSING 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 Housing 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 Housing Foundation any information pertinent to the assessment of my/our application; and
- members of Meridian Housing 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 Housing Foundation or its members to provide me/us with housing;
- that if I/we are being considered for an available unit, Meridian Housing 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 Housing 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 Housing 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

