

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:

Meridian Housing Foundation

4908 53 Avenue,
PO Box 3191
Stony Plain, AB T7Z 1Y4

Ph. 780-963-2149
Fax. 780-591-0031

Or by email to:

MHFAdmin@meridianfoundation.ca

Criteria

Applicants must be:

- 65 year of age or older
- Independent
- Resident of Contributing Municipality (Parkland County, Spruce Grove, or Stony Plain) for **+1 year**

Application Process

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

Meridian Housing Foundation uses a point scoring tool legislated by the Government of Alberta to determine waiting list priorities.

Meridian Housing Foundation ensures that each resident residing in our lodge is left with at least \$357.00 a month in disposable income after paying their monthly rent rate.

Whispering Waters Manor rents are set at a flat rate. Forest Ridge Place rents are calculated at 30% of total income plus a service package. A security deposit is required before move in.

Applicants should schedule an interview with our Housing Department as part of their application process. If successful, they will be placed on our waiting list. If a suite becomes available, another interview will be required prior to offer.

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 accommodation and refused accommodation three times may be removed from the waiting list.

Privacy Statement

The personal information collected through Meridian Housing Foundation is for the purpose of application for subsidized housing or rental benefits. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act.

For questions about the collection of personal information, contact Meridian Housing Foundation 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
- Completed ADMIN New Resident 1 Personal Information.
- Medical form
Signed and completed in full by your doctor.
- Notice of Assessment for current year (or supporting documentation).

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Lodge & Independent Lodge (Page 2)

Current Residence Information

<i>Resident Status</i> <input type="checkbox"/> Renting <input type="checkbox"/> Property Owner	<i>Monthly Payment Amount (Rent/Mortgage Payment)</i> \$ _____	<i>Residence Type</i> <input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> Apartment _____
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Do you share accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Number of People Sharing House</i>	<i>Number of People sharing:</i>			
	_____ <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? If **YES**, please explain:

Yes

No

What other reasons do you have for moving:

Personal Needs Information

<i>In which of the following areas do you have difficulty?</i> <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 _____
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<i>Mobility Aides:</i> <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	Parking Waitlist request: <input type="checkbox"/> Vehicle <input type="checkbox"/> Scooter
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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

Lodge & Independent Lodge (Page 3)

Declaration

I/We declare that 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 withdraw, revoke or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

Printed Name of Applicant


Printed Name of Co-Applicant

Applicant Signature

Co-Applicant Signature

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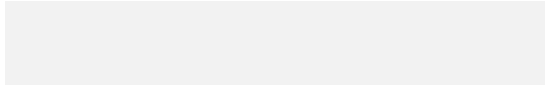
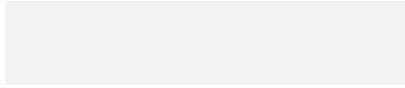
IMPORTANT



Please complete the report in full including all relevant medical information concerning the applicant.

Our office:
4908 53 Avenue,
PO Box 3191
Stony Plain, AB T7Z 1Y4

Ph. 780-963-2149
Fax. 780-591-0031

<i>Applicant Legal Name (Printed)</i>	
Consent to Release Medical Information	
<i>I hereby authorize the release of the following medical information to Meridian Housing Foundation.</i>	
	
<i>Signature</i>	<i>Date</i>
<i>Witness Signature</i>	<i>Date</i>
Application Process	
All applicants for housing with Meridian Housing Foundation are required to submit a current medical report with their application.	
Any cost associated with completing the medical report is the applicant's responsibility.	
Thank You to Doctor	
Thank you in advance for completing this medical report in its entirety. If you have any questions about the information contained in this questionnaire, please contact the Meridian Housing Foundation Office.	
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 .	

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Medical Exam Report (Page 2 of 2)

Applicant Legal Name (Printed)

Medical Information

<p><i>Self Care</i></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Manages own personal hygiene</p> <p><input type="checkbox"/> <input type="checkbox"/> Continent of urine</p> <p><input type="checkbox"/> <input type="checkbox"/> Continent of feces</p> <p><input type="checkbox"/> <input type="checkbox"/> Colostomy- Independent</p>	<p><i>Applicant Independence</i></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> show signs of dementia</p> <p><input type="checkbox"/> <input type="checkbox"/> has difficulties communicating</p> <p><input type="checkbox"/> <input type="checkbox"/> requires home care services</p>	<p><i>Mobility::</i></p> <p><input type="checkbox"/> Walks without help</p> <p><input type="checkbox"/> Walks with help (Aids)</p> <p><input type="checkbox"/> Uses wheelchair</p> <p style="background-color: #e0e0e0;"><i>If Yes, transfers unassisted?</i></p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p><i>Dietary Concerns</i></p> <p><input type="checkbox"/> Diabetic</p> <p><input type="checkbox"/> Food Allergy</p>	<p><i>Known Allergies</i></p>
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Do you consider this applicant to be suitable mentally and physically to look after himself/herself in a communal living setting where only limited support and Home Care are available?

Yes No

Comments/Health History

Doctor Declaration and Information

I hereby declare that all the information in this document is correct and complete to the best of my/our knowledge.

<i>Doctor Name (Printed)</i>	<i>Signature</i>	<i>Date</i>
<i>Provincial License #</i>	<i>Specialization</i>	<i>Years Applicant Under Your Care</i>
<i>Clinic/Address</i>		<i>Clinic Telephone Number</i>

LODGE / INDEPENDENT LODGE RESIDENT
Personal Information

<i>Resident (1) Name</i>		<i>Date of Birth</i> (MMM- DD- YYYY)		<i>AHC#</i>	
<i>Food Allergies</i>				<i>Diabetic</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Resident (2) Name</i>		<i>Date of Birth</i> (MMM- DD- YYYY)		<i>AHC#</i>	
<i>Food Allergies</i>				<i>Diabetic</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next of Kin - Primary					
<i>Name</i>		<i>Relationship</i>		<i>Phone Number</i>	
<i>Email</i>				<i>Cell Number</i>	
Next of Kin - Secondary					
<i>Name</i>		<i>Relationship</i>		<i>Phone Number</i>	
<i>Email</i>				<i>Cell Number</i>	
Executor					
<i>Name</i>		<i>Relationship</i>		<i>Phone Number</i>	
<i>Email</i>				<i>Cel Number</i>	
For Office Use	<i>Phone Number</i>			<i>Suite</i>	<i>Building</i>
	<i>Inspection</i> <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
	<i>Move in Date</i>				<input type="checkbox"/> Cardx <input type="checkbox"/> Direct Debit <input type="checkbox"/> Keys <input type="checkbox"/> Pendant

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 Housing 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 Housing Foundation FOIP Coordinator at 780-963-2149 or privacy@meridianfoundation.ca.