



# Tenant Application Form

## Application Process

### 1 Complete All Sections of this Application Form

### 2 Submit Your Completed Application Form

You can scan and submit your form to:

Email: [apartments@smhg.ca](mailto:apartments@smhg.ca) or

Mail: SM Seniors Apartments, 7404 139 Ave, Edmonton AB, T5C 3H7

### 3 Await Confirmation of Your Application

Once you have successfully submitted your application for housing, your application will be processed and, if applicable, we will contact you within 10 business days to schedule your housing interview.

**Please note that housing is not automatically guaranteed when submitting an application.**

If you have any questions about your application, please call 780-472-4545 during regular business hours, or email us at [apartments@smhg.ca](mailto:apartments@smhg.ca)

**PLEASE INDICATE WHICH BUILDING YOU ARE SUBMITTING AN APPLICATION FOR**

**St. Josaphat's  
Seniors' Residence**  
9637-108 Ave  
Edmonton, AB T5H 4G4  
780-429-3846

**Fr Hannas  
Seniors' Apartments**  
10809-70 Ave  
Edmonton, AB T6H 4Y5  
780-472-4545

**St. Nicholas  
Seniors' Home**  
5619- 98 Ave  
Edmonton, AB T6A 3Y5  
780-472-4545

**Barvinok  
Seniors' Apartments**  
3625-116 Ave  
Edmonton, AB T5W 0W7  
780-472-4545

Personal Information	First Applicant	Second Applicant (if applicable)
Legal Name	First	First
	Last	Last
Preferred Name (if applicable)		
Gender		
Date of Birth (Must be at least 65 years old)	____ / ____ / ____ Month / Day / Year	____ / ____ / ____ Month / Day / Year
Citizenship Status	Canadian Citizen:      Yes      No	Canadian Citizen:      Yes      No
	Permanent Resident:      Yes      No	Permanent Resident:      Yes      No
	Privately Sponsored:      Yes      No	Privately Sponsored:      Yes      No
	Other: _____	Other: _____
Marital Status	Single    Divorced    Common Law    Married    Widowed    Separated	
Current Address		
Home/Mobile Phone #		
Email Address		
Language(s) Spoken		
Interpreter Required?	Yes      No	Yes      No
Do you smoke? (This will not affect eligibility)	Yes      No	Yes      No
Do you have a pet? (Refer to the Pet Policy for more information)	Yes      No If yes, what kind of pet: _____	Yes      No If yes, what kind of pet: _____

## Parking

Do you require parking?      **Yes**      **No**      (There are wait lists for parking at some buildings)

## Alternate Contact Person

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

## Current Accommodation

Home Owner      Renter      Other: \_\_\_\_\_

How long have you lived here?  
 Have you received notice to vacate?      **Yes**      **No**      (If yes, please include copy of Notice to Vacate)

Current Landlord	Name	Phone Number
	Property Management Company	

Previous Landlord (If you have rented at your current rental for less than 2 years, please complete this section)	Name	Phone Number
	Property Management Company	How long did you live here?

What are your current monthly payments?

Rent/Mortgage \$ \_\_\_\_\_      Power \$ \_\_\_\_\_      Heat \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_      Other \$ \_\_\_\_\_

## Financial Information

This information is mandatory in order to be considered for **seniors' self**-contained apartments.

	<b>First Applicant</b>	<b>Second Applicant (if applicable)</b>
Line 15000 (total income) from most current income tax year notice of assessment	\$ _____  Year: 20__	\$ _____  Year: 20__

## Apartment Accommodation

Bachelor

One Bedroom

Two Bedroom

Preferred Building Name:

Alternate Building:

Do you require wheelchair accessibility?      Yes      No

Desired Move-In Date:    Month \_\_\_\_\_    Year \_\_\_\_\_

## Other Information

Additional Information You Would Like To Provide:

**X**

\_\_\_\_\_  
First Applicant's Signature

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Second Applicant's Signature  
(if applicable)

\_\_\_\_\_  
Date

*I authorize the Department of Seniors, Community and Social Services to collect my personal information directly from St. Michael's Healthcare Services for the purpose of administering provincially funded affordable housing programs.*

*Personal information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act. Questions concerning the collection, use and disposal of this information should be directed to St. Michael's Healthcare Services.*