



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 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

PLEASE INDICATE WHICH BUILDING YOU ARE SUBMITTING AN APPLICATION FOR

St. Josaphat's Seniors' Residence
9637-108 Ave
Edmonton, AB T5H 4G4
780-472-4545

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: <input type="radio"/> Yes <input type="radio"/> No Permanent Resident: <input type="radio"/> Yes <input type="radio"/> No Privately Sponsored: <input type="radio"/> Yes <input type="radio"/> No Other: _____	Canadian Citizen: <input type="radio"/> Yes <input type="radio"/> No Permanent Resident: <input type="radio"/> Yes <input type="radio"/> No Privately Sponsored: <input type="radio"/> Yes <input type="radio"/> No Other: _____
Marital Status	<input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Common Law <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Separated	
Current Address		
Home/Mobile Phone #		
Email Address		
Language(s) Spoken		
Interpreter Required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you smoke? (This will not affect eligibility)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you have a criminal record?	<input type="radio"/> Yes <input type="radio"/> No If yes, please provide details: _____	<input type="radio"/> Yes <input type="radio"/> No If yes, please provide details: _____

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.

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

Please check the boxes that reflect the sources of your income:

Old Age Security (OAS)	<input type="radio"/>	<input type="radio"/>
Canada Pension Plan (CPP)	<input type="radio"/>	<input type="radio"/>
Guaranteed Income Supplement (GIS)	<input type="radio"/>	<input type="radio"/>

Alberta Seniors Benefit (ASB)	<input type="radio"/>	<input type="radio"/>
Assured Income for the Severely Handicapped (AISH)	<input type="radio"/>	<input type="radio"/>
Employment Income	<input type="radio"/>	<input type="radio"/>
Foreign Pensions	<input type="radio"/>	<input type="radio"/>
Other (e.g. other pensions etc.) please list		
Apartment Accommodation		
<input type="radio"/> Bachelor <input type="radio"/> One Bedroom <input type="radio"/> Two Bedroom		
Preferred Building Name:		
Alternate Building:		
Do you require wheelchair accessibility? <input type="radio"/> Yes <input type="radio"/> No		
Desired Move-In Date: Month _____ Year _____		
Other Information		
Additional Information You Would Like To Provide:		
_____	_____	_____
First Applicant's Signature	Date	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.