



# Matheson Seniors Housing Corp.

## Application Form

Name: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: Applicant \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Smoker       Non-Smoker       Require non-smoking floor for health reasons

### Relatives or friends to be notified in case of an emergency

Both contacts must be filled out. At least one contract should be in the Edmonton area.

Name #1: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name #2: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Before this application can be accepted for review, Matheson must have received all of the following:**

1. "Notice of Assessment" forms from Canada Revenue Agency, for the last three (3) taxation years.
2. Landlord references for the past two (2) years.
3. Matheson's Medical Form completed for each applicant, by a family physician.
4. This application form completed in full including the attached Appendix A – financial Information.

- I understand that Matheson guarantees shelter only. I am aware that Matheson falls under the Alberta Residential Tenancies Act and has no responsibilities to me beyond that Act.
- I understand and agree that providing incorrect information, especially financial information, in connection with the application will be cause for application refusal or eviction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Matheson Seniors Housing Corp.**

**Financial Information**

<b>Annual Income:</b>	<b>Applicant</b>	<b>Spouse/Partner</b>
Old Age Security	\$ _____	\$ _____
Canada Pension Plan	_____	_____
Other pension income	_____	_____
Alberta Seniors Benefit Plan	_____	_____
Other government supplements	_____	_____
Interest	_____	_____
Wages or salary	_____	_____
Other _____	_____	_____
_____	_____	_____
_____	_____	_____
	\$ _____	\$ _____

<b>Assets: (Combined if Married)</b>	<b>Current Value</b>
Cash if Over \$10,000	\$ _____
GIC's	_____
Other investments	_____
House	_____
Vehicles	_____
Other _____	_____
_____	_____
	\$ _____