



Trinity Place Foundation  
of Alberta

# Application Form

for

## Below Market Seniors Housing

Rent set at 10-20% below market rates

Part 1: Consent Form

Part 2: General Information

Part 3: Proof of Income

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**Once you have completed this application, please return it to:**

Housing Intake  
Trinity Place Foundation of Alberta  
105,334 -11 Ave SE  
Calgary, AB T2G 0Y2

Phone: 403-269-3183  
Fax: 403-290-1563  
Email: [applications@tpfa.ca](mailto:applications@tpfa.ca)

# STANDARD APPLICATION FOR SENIORS BELOW MARKET HOUSING

## CONSENT TO RELEASE INFORMATION

- Supports Freedom of Information and Protection of Privacy Act (FOIP)
- Allows us to ask third parties such as landlords for information

I understand that this application does not constitute an agreement on the part of TRINITY PLACE FOUNDATION OF ALBERTA, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Trinity Place Foundation of Alberta, or its agents, 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.

I hereby authorize Trinity Place Foundation of Alberta, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall revoke further consideration of my application.

I further agree that I am obliged to advise Trinity Place Foundation of Alberta, or its agents, in writing, of any changes in family composition, employment, or change of address, should these occur.

I also agree that the information provided by me pertains to all persons named within this application.

I (we) have read, understand and agree with the above consent.

Applicant(s) signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Day    Month    Year

*This personal information is being collected under the authority of the Alberta Housing Act and Alberta Regulation 244/94 (Social Housing Accommodation Regulation) and will be used to evaluate the need and eligibility for subsidized senior citizen housing. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.*

## PROPERTIES

Please select preferred property(s)

NAME	ADDRESS	MINIMUM AGE	PETS ALLOWED	SMOKING BUILDING
North East Calgary				
<input type="checkbox"/> <b>TEMPLEMONT PLACE</b>	9 Templemont Ci NE	65+	no	Non smoking
South West Calgary				
<input type="checkbox"/> <b>GLENWAY GATE</b>	4211 Richmond Rd SW	65+	no	Non smoking

## GENERAL INFORMATION

Name \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Telephone # \_\_\_\_\_

**Citizenship Status:**

Canadian Citizen      Un-sponsored Permanent Resident      Other \_\_\_\_\_

Number of years residing in Canada \_\_\_\_\_ Languages spoken \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Telephone # \_\_\_\_\_

**Citizenship Status:**

Canadian Citizen      Un-sponsored Permanent Resident      Other \_\_\_\_\_

Number of years residing in Canada \_\_\_\_\_ Languages spoken \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone No. \_\_\_\_\_

May we contact this person regarding this application?      Yes      No

## CURRENT ACCOMMODATION

Own	Rent
Length of time at this address	
Monthly Rent	\$
Monthly Utilities	\$

Type of accommodation:    House    Apartment    Rooming House    Hotel

Other: \_\_\_\_\_

# Bedrooms in current accommodations: \_\_\_\_\_

# of person(s) sharing your accommodations: \_\_\_\_\_ Adults \_\_\_\_\_ Children

# of person(s) sharing: the bathroom: \_\_\_\_\_, the bedroom: \_\_\_\_\_

## HOUSING PREFERENCES

Type of suite preferred:

One bedroom

Two bedroom

*\*we will do our best in providing your preferred suite, however two bedroom suites are limited.*

Do you require parking?                      Yes                      No

Do you require a barrier free suite?     Yes                      No

Please give details \_\_\_\_\_

Reasons for wanting to move: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for the eviction: \_\_\_\_\_

\_\_\_\_\_

## INCOME INFORMATION

Are you employed?      No                              Yes - please complete the following

Employer Name	
Address	
Phone	
Monthly Income	\$

MONTHLY GROSS INCOME BREAKDOWN	Applicant	Co-Applicant
Old Age Security & Guaranteed income Supplement	\$	\$
Alberta Seniors Benefit	\$	\$
Spouse Allowance	\$	\$
Canada Pension Plan	\$	\$
Company Pension	\$	\$
War Veterans Allowance	\$	\$
War Disability Pension	\$	\$
Employment Income	\$	\$
Social Assistance	\$	\$
AISH	\$	\$
Foreign Pensions	\$	\$
Other	\$	\$

Assets	Applicant	Co-Applicant
Do you own any Real Estate?	\$	\$
Do you have any Stocks/Bonds	\$	\$
Do you have any Term Deposits/Bank Accounts	\$	\$
Do you have any Other Assets (RSP/RIF)?	\$	\$

Please include a copy of your most recent NOTICE OF ASSESSMENT from Revenue Canada