



Trinity Place Foundation
of Alberta

Application Form

for

Independent Senior Subsidized Housing

Rent based on 30% of household income

Part 1: Consent Form

Part 2: General Information

Part 3: Proof of Income

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
www.tpfa.ca

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

GENERAL ELIGIBILITY REQUIREMENTS

- Minimum age is 65 years of age. For couples, one spouse is 65 years of age.
- An applicant between the ages of 60 to 64 may be considered for accommodation.
- Applicant(s) must be **functionally independent/self-sustaining** with the aid of community support services.
- Maximum income limit for applicants is \$37,500/yr (studio). \$44,000/yr (1 bedroom)

EVALUATION PROCESS

All applicants will be evaluated according to the Alberta Government Priority of Need Rating procedure in determining priority and will then be selected from the wait list for subsidized senior housing. The wait-list is **not** a first come, first serve basis.

APPLICATION PROCESS

1. Submit the application and all required documents.
 - Completed application
 - Consent Form
 - Copy of the applicants Notice of Assessment from Revenue Canada
2. Applicant is rated on priority of need and placed on the wait-list.
3. You will be contacted within 7 days of your completed application and again when a suite becomes available.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For further information about the application process, please contact:

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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

The personal information collected through Trinity Place Foundation of Alberta 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 Trinity Place Foundation of Alberta at 403-269-3183, or mail to #105,334 11 Ave SE, Calgary, AB T2G0Y2.

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

GENERAL INFORMATION

Applicant Information

Name _____ E-mail _____

Address _____

City _____ Prov. _____ Postal Code _____

Date of Birth (yyyy/mm/dd) _____ Phone _____

What is your Citizenship or Immigration status? _____

Co-Applicant Information

Name _____ E-mail _____

Address: _____

City _____ Prov. _____ Postal Code _____

Date of Birth (yyyy/mm/dd) _____ Phone _____

Alternate/Emergency Contact

Name _____ Relationship: _____

Phone _____ Email Address: _____

*Can we discuss your application with this person? Yes No

Do you have a Social Worker? Yes No

Name _____ Phone/Email: _____

*Can we discuss your application with this person? Yes No

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

CURRENT ACCOMMODATION

	Applicant	Co-applicant
Current rent	\$	\$
Monthly utilities in addition to rent	\$	\$
Total number of household members in your current accommodation		
Adults	#	
LANDLORD REFERENCE REQUIRED		
Name:	Phone:	
E-mail:		

Health and Safety

Check all that apply

Does your current accommodation:

Yes No

Have any physical conditions including: inadequate heating, electrical defects, weather penetration or structural defects?

Have any environmental conditions including: excessive noise or pollution?

Is unsafe including: domestic or family violence, or located in area of high crime?

Is inaccessible or adaptable for the any members of the household?
eg: stairs for a person requiring a walker

Is over crowded with more than 2 individuals sharing a bedroom?

Shared on a temporary basis, example: staying with a friend /family?

Please check off any of the following population groups that apply to the applicant (s).

Indigenous peoples

People with disabilities

Individual fleeing violence or leaving second stage shelter*

At risk of or transitioning out of homelessness*

People dealing with mental health or recovering from addiction*

Youth exiting government care

Veteran

Recent Immigrant or Refugee (in Canada less than 5 years)

Racialized group

Identify with diverse concepts of gender identity and expression or sexual orientation

REASONS FOR MOVING

Your reason for wanting/needing to move : _____

HOUSING PREFERENCES

Type of suite preferred:

Bachelor Suite

One bedroom

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

Do you require Parking? Yes No

Do you require a non-smoking building? Yes No

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

PROPERTIES

Please select your top 3 preferences.

NAME	ADDRESS	MINIMUM AGE	PETS ALLOWED	SMOKING BUILDING
North West Calgary				
CROWCHILD MANOR	2403 - 2nd Ave NW	65+	no	Non smoking
PARKDALE MANOR	2420 - 2nd Ave NW	65+	no	Non smoking
PARKVIEW VILLAGE	1234 - 21st Ave NW	60+	no	Non smoking
South West Calgary				
MOUNT ROYAL MANOR	1720 - 9A Street SW	65+	no	Non smoking
GRACE GARDENS	1028 - 15th Ave SW	65+	no	Non smoking
GRACE MANOR	1506 - 9th Street SW	65+	no	Non smoking
ODD FELLOW REBEKAH TOWER	1220 - 2nd St. SW	65+	no	Non smoking
South East Calgary				
CARTER PLACE	602 - 1st Street SE	65+	1 cat	Smoking
EDWARDS PLACE	344 - 9th Ave SE	60+	no	Smoking
KING TOWER	807 - 6th Street SE	65+	no	Smoking
MURDOCH MANOR	808 - 5th Street SE	60+	no	Smoking
ALEX WALKER TOWER	124 - 15th Ave. SE	65+	no	Non smoking
RHUBARB PATCH	1320 - 8th Ave. SE	65+	no	Non smoking
EDITH PINK RESIDENCE	1401 - 11th Ave. SE	65+	no	Non smoking
HAMILTON MANOR	906 - 17th Ave. SE	65+	no	Non smoking
JENKINS COURT	923 - 19th Ave. SE	65+	no	Non smoking

WHERE DID YOU LEARN ABOUT US?

Internet Search

Newspaper/Newsletter

Directory

Advertisement

Friend or Family

Referral from _____

STANDARD APPLICATION FOR INDEPENDENT SENIOR SUBSIDIZED HOUSING

INCOME INFORMATION

	Applicant	Co-Applicant
Income shown on Line 15000 of your Canada Revenue Agency-Notice of Assessment for the applicant and co-applicant (if applicable)	\$	\$

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

Do you own any of the following worth over \$25,000 check all that apply	Yes	No
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Real Estate

Stocks/Bonds

Unregistered savings/chequeing accounts over \$25,000

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