



Where
Friends
Become
Family!



DRUMHELLER DISTRICT SENIORS FOUNDATION

696 – 6 Ave E. Drumheller, Alberta T0J 0Y5
Phone: 403-823-3290 Fax: 403-823-2070 Email: reception@ddsf.ca
Website: www.ddsf.ca

APPLICATION FOR RESIDENCE - SELF CONTAINED UNITS

Check the self-contained unit you are applying for residence in.

- ___ Maple Ridge Manors – 49 units
- ___ Cottages – 12 units
- ___ Villas – 6 villas
- ___ Blooming Prairie – Morrin – 4 units
- ___ Highland Dell – Delia – 6 units

1. Applicant's Name: _____

Date of Birth: _____ Alberta Personal Health # _____

Telephone #: Home _____ Cell _____

Marital Status: _____

Vehicle: Year/Make/Model: _____

Value: _____

2. Spouse's Name: _____

Date of Birth: _____ Alberta Personal Health # _____

3. Are you a: Canadian citizen _____

Landed immigrant _____

Or _____

4. Present Address: _____

Mailing Address: _____

[if different from above]

Years of Residence: _____

5. If you are on Social Assistance, please state the name, office and address of your social worker.

Name: _____ Phone: _____

Address: _____

6. If you or your spouse have employment income(s), please state the name(s) and address(es) of the employer(s).

a) Name of Employer: _____

Address: _____ Phone: _____

b) Spouse's Employer: _____

Address: _____ Phone: _____

7. Do you own or rent your present accommodation: Own _____ Rent _____
Present rent or house payment is \$ _____ per month, plus \$ _____
for heat, and \$ _____ for lights, water and sewer.

If you own your home please provide a copy of your most recent Property Tax Assessment.

8. If renting, please give the name, address, and telephone number of your present landlord: _____

Do we have your permission to contact your landlord: Yes _____ No _____

9. 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 eviction: _____

10. Describe your present living accommodation: _____

11. Please state any physical disabilities you may have. Also, include any disabilities of anyone approved to share accommodation with you.

12. Assets:

Source	Applicant	Spouse
Chequing / Savings Accounts		
RRSP / RRIF		
Term Deposits / GIC		
Stocks		
Bonds		
Rental Property		
Other Investment Income		

13. With this application, and annually thereafter, residents are required to supply the Foundation with a copy of the Notice of Assessment [or Reassessment] of the household's income tax return filed for the immediately preceding taxation year. If the senior household does not provide the requested information, the management body will not be able to deduct a source of income, which the household may otherwise be entitled to as an eligible deduction.

14. Other related information you wish to provide.

EMERGENCY CONTACT INFORMATION

NEXT OF KIN: [If none available, please list closest friends]

Name: _____ Relationship: _____

Telephone: _____ Address: _____

Name: _____ Relationship: _____

Telephone: _____ Address: _____

Name: _____ Relationship: _____

Telephone: _____ Address: _____

Do you have a will? _____ Yes _____ No

Name of Executor: _____

Address: _____ Telephone: _____

This information is being collected under the authority of the Freedom of Information and Protection of Privacy Act 33 (C). Any questions or concerns should be directed to:
Melanie Graff, Finance & Compliance Manager, Sunshine Lodge 696 -6th Avenue East Drumheller, Alberta T0J 0Y5
Telephone: (403) 823-3290. Ext. 224