

APPLICATION FOR RESIDENCE - SELF CONTAINED UNITS  
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

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: \_\_\_\_\_ Social Insurance # \_\_\_\_\_

Alberta Personal Health # \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Business \_\_\_\_\_

Marital Status: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Vehicle: Year/Make/Model: \_\_\_\_\_

Value: \_\_\_\_\_

2. Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_



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:  
Jenny Krystoff, CAO Sunshine Lodge 696 -6th Avenue East Drumheller, Alberta T0J 0Y5  
Telephone: (403) 823-3290.