SUNSHINE LODGE

Where Friends Become Family!

HILLVIEW LODGE

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: _____

   Telephone #: Home_____ Cell _____

   Marital Status: _____

   Vehicle: Year/Make/Model_____

2. Co-Applicant Name: _____

   Date of Birth: _____

3. Are you a:

Canadian citizen ☐	Landed immigrant ☐	Indigenous person ☐	Person with disabilities ☐
Individual fleeing violence ☐	Person at risk of homelessness ☐	Person dealing with mental health or addictions issues ☐	Veteran ☐
Recent immigrant or refugee ☐	Radicalized group ☐	Person who identifies with diverse concepts of sexual orientation, gender identity, or gender expression ☐	

4. Present Address: _____

   Mailing Address: _____
   [if different from above]

   Years of Residence: _____

   Email Address: _____

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.

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. Please note, the use of electric wheelchairs or scooters is not permitted inside D.D.S.F buildings or units.
_____
_____
_____
_____

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 not 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: _____

_____ _____
Signature Date

This application contains your personal information, which is being collected under 4(c) and 5(l)(k)(i) of the Protection of Privacy Act (POPA) to be used to determine eligibility of applications, needs and allocation within our Seniors Housing programs. For questions about the collection, use, or safety safeguards of your personal information, contact the DDSF Privacy Officer – Melanie Graff at 403-823-3290, ext 224 or finance@ddsf.ca.