



APPLICATION FOR RESIDENCY

Please check the name of the community you are interested in applying for:

- Eagle View Lodge & Villa, Myrnam, AB
- Hillside Lodge, Two Hills, AB
- Eagle Hill Lodge, Willingdon, AB

Type of Accommodation Desired:

***** Please note for Supportive Living (SL) suites an assessment for placement must be completed by Alberta Health Services Home Care.**

Independent Living Suite Preference : Studio 1 Bedroom 2 Bedroom (depending on community)

Name (in full) 1. _____ DOB (M/D/Y) _____

Name (in full) 2. _____ DOB (M/D/Y) _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

Emergency Contact Name: _____ Phone: _____

Relationship of Emergency Contact Person to Yourself: _____

Next of Kin (name): _____ Phone: _____

Full Address of Next of Kin: _____

Name of Your Current Physician: _____ Phone: _____

Health Care # 1: _____ Health Care # 2: _____

Social Insurance #1: _____ Social Insurance #2: _____

Drivers License #1: _____ Drivers License #2: _____

If you are on Social Assistance, please provide name & office of your Social Worker:

Name: _____ Address: _____ Phone #: _____

Do you have a Personal Directive? Yes No If yes, please provide a copy.

Do you have a Power of Attorney? Yes No If yes, please provide a copy.

Will you require a Parking Stall? Yes No

Monthly Income – all incomes must be verified upon acceptance of residency:

	Applicant (\$)	Co-applicant (\$)
Old Age Security & Guaranteed Income Supplement	_____	_____
Alberta Assured Income Supplement	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other income – specify _____	_____	_____
TOTAL	_____	_____

Please provide a copy of your Notice of Assessment from Canada Revenue Agency.

Assets – please list all investments/assets & interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, RRSP’s etc.:

Investments/Assets		Interest/Income	
_____	\$ _____	Yearly (\$) _____	Monthly (\$) _____
_____	\$ _____	Yearly (\$) _____	Monthly (\$) _____
_____	\$ _____	Yearly (\$) _____	Monthly (\$) _____
_____	\$ _____	Yearly (\$) _____	Monthly (\$) _____
TOTAL	\$ _____	TOTAL \$ _____	TOTAL \$ _____

Do you presently own or rent your home? Own Rent

Please provide cost per month including rent/mortgage payment, heat, power & water: _____

If renting please provide your present Landlord: _____

Address: _____ Phone: _____

Reasons for wanting to move: _____

If you have been given a “notice to vacate” please submit a copy of the notice & state the reason for eviction: _____

Do you presently receive Home Care? Yes No

Do you require any mobility assistance/aids? Cane Walker Wheelchair Transfer Assistance

Are you able to administer your own medication? Yes No

Are you able to dress yourself? Yes No

Are you able to prepare meals for yourself? Yes No

Do you have any special dietary needs? Yes No If yes, please specify: _____

Are you able to do your own laundry? Yes No

Hobbies and Interests: _____

References (no relatives please):

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

I/we hereby certify that the forgoing is a true and correct statement regarding myself/ourselves and the particulars thereof.

The community may disclose this information about me/us if it is deemed to be required by law. I/we agree that the information received on this Application may be retained by the community.

1. Signature: _____ Date: _____

2. Signature: _____ Date: _____

Please submit to the administration employee care partner or Manager.

Revised February 2017