BOW CENTRE HOUSING SOCIETY

#115, 7915 - 43 Ave. N.W.
Calgary, AB T3B 4R6
Administrator

I understand that this application does not constitute an agreement on the part of **Bow Centre Housing Society,** or its agents.

I further acknowledge the right of **Bow Centre Housing Society,** 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 **Bow Centre Housing Society,** or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration o f my application.

I further agree that I am obliged to advise **Bow Centre Housing Society,** or its agents, in writing, of any changes in family composition, gross family income, assets, employments or changes of address should they occur.

THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION IS FULL AND TRUE IN ALL RESPECTS.

_____ _____
Day/Month/Year Signature of Applicant

This personal information is being collected under the authority of the Alberta Housing Act, Social Housing Accommodation Regulation and will be used to determine eligibility for Housing. It is protected by the privacy provision of the, Freedom of Information and Protection of Privacy Act (FOIP). Applications are kept on file for one (1) year. If you have any question about the collection, contact: Administrator, Bow Center Housing Society, 115 - 7915 - 43 Ave. NW, Calgary, AB T3B 4R6
Phone: (403) 288-3626 Fax: (403) 247-2700 E-mail: bowcentreplace@shaw.ca

(PLEASE PRINT)

NOTE: PLEASE ANSWER ALL QUESTIONS

1. Applicants Name _____ _____
Surname Given Names of Applicant (and Spouse)

2. Date of Birth _____ _____
Applicant Spouse

3. Are you a ___ Canadian Citizen ___ Landed Immigrant ___ or _____

I have resided in the Province of Alberta for ____ years of my life and in the Calgary for ___ years.

4. Present Address _____
(P.O. Box, Apartment No./ Street)

_____
(City, Town, Village) (Postal Code)

Home Telephone: _____

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NOTE: All income must be verified upon acceptance of tenant, please attach your most recent tax assessment. One VOID cheque will be required as all new tenants are required to be setup on PAD (Pre-Authorized Deposit)

5. Monthly Income	Head $	Spouse $
Old Age security and Guaranteed Income Supplement	_____	_____
Alberta Assured Income Supplement	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
War Veterans Allowance	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income: Specify _____	_____	_____
_____	_____	_____

ASSETS: Please list all investments/ assets and interest / income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, etc.

INVESTMENT/ASSETS	**INTEREST/INCOME**
_____	Yearly $ _____ Monthly $_____
_____	Yearly $ _____ Monthly $_____
TOTAL:	Yearly $ _____ Monthly $ _____

6. If you are on Social Assistance, please state the name and office of your social worker or support worker.
   Name: _____
   Address: _____

7. If you or your spouse has employment income(s), please state the name(s) and address(es) of the employer(s).
   Name of your Employer: _____
   Address: _____Telephone No. _____
   Name of your Spouse's Employer: _____
   Address: _____ Telephone No. _____

8. Do you own your present accommodation: _____Own _____ Rent
   Present rent or house payment is $ _____ per month, plus $ _____for heat and $ ____ for light, water and sewer.

9. If renting, name of your present landlord: _____
   Address: _____
   Telephone No.: _____

10. We are no longer accepting pets.

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11. Reasons for wanting to move: _____
If you have been given a "NOTICE TO VACATE," please submit a copy of the notice and state reason for eviction:_____

12. Please state any physical disabilities:
_____
_____

Family Doctor's Name: _____
Address: _____Telephone No. _____

Medical required from your Doctor, details to be attached to application.

REFERENCES:

Name: _____
Telephone Residence: _____
Telephone Work: _____
Relationship: _____

Name: _____
Address: _____
Telephone Residence: _____
Telephone Work: _____
Relationship: _____

13. EMERGENCY CONTACTS:
Name:_____
Address: _____
Telephone Residence: _____
Telephone Work: _____
Relationship: _____

14. FOR APPLICANT'S USE:
Other related information you wish to provide.
_____
_____
_____
_____

15. Why do you wish to move to Bow Centre?
_____
_____

16. ***Bow Centre Place in the process of providing a smoke free environment for its tenants.***

New Bylaw May 2015 – All new tenants, visitors or guest will not be permitted to smoke in any of the rental units, balconies and patios, as well as on the property.

MEDICAL REPORT
(To be completed by Physician)

Patient last name:	**Patient first name:**
Patient date of birth (mm/dd/yyyy)	**Date of last exam:**
Health care number:	

This medical information is required for placement in subsidized seniors housing.
It is valid for 6 months.
Any charge for the completion of this form is the responsibility of the applicant.
When complete please return to the addresses listed in the release.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of information requested by the housing organizations identified below and waive any and all claims against the person or organization releasing this report, or any of its officers, servants, agents, staff members or employees for any purpose whatsoever in connection with the communication and disclosure of the said information.
I authorize the release of this information to the following organizations:

Name of Housing organization	Address	Postal code	Fax

Applicant's Signature: _____
Date (mm/dd/yyyy): _____

This personal information is being collected under the authority of the Alberta Housing Act and Alberta Regulation 244/94(Social Housing Accommodation Regulation) and will be used to evaluate the need and eligibility for subsidized senior citizen housing. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

MEDICAL REPORT
(To be completed by Physician)

Please check the housing operators that you are applying to:

	Operator	Address	Telephone	Fax
	Bertha Gold Jewish Seniors Citizens Residence Society	1603 90 Ave SW Calgary AB, T2V 4V7	403 255-8033	403 253-8094
	Bethany Care Society, Bethany Riverview Village	2945 26 Ave SE Calgary AB, T2B 2N5	403 272-8615	403 273-5524
	Bethany Care Society, Bethany Village	240 Lincoln Way SW Calgary AB, T3E 6X7	403 242-4355	403 249-1113
	Bethany Care Society, Lions Village	2528 Bowness Rd NW Calgary AB, T2N 3L9	403 283-3836	403 284-1992
	Bishop O'Byrne Housing for Seniors	510, 1540 Northmount Dr. NW, Calgary AB, T2L 0G6	403 284-0622	403 255-8468
	Bow Centre Housing Society	7915 43 Ave NW Calgary AB, T3B 4R6	403-288-3626	403-247-2700
	Bow Crescent Senior's Housing	400 40 Ave NW, Calgary AB, T2K 6B6	403 277-2105	403 289-6674
	Calgary Chinatown Seniors Housing Society	122 3 Ave SE Calgary, AB T2G 5G4	403 233-7598	403 233-7598
	Calgary Christian Housing Association	8847 Fairmount Dr SE Calgary AB, T2H 0Z4	403 255-4552	403 255-4558
	Calgary West Seniors Housing Society	127, 11 Varsity Estates View NW Calgary AB, T3B 5G5	403 286-7402	403 286-0693
	Calgary East Village Housing Society	300, 750-5 St SE Calgary AB, T2G 5B4	403 264-3455	403 263-3364
	The Elder Statesman Group	615, 717-1 Ave SW Calgary AB , T2P 3B5	403 265 4492	403 265-4447
	First Calgary Housing Group	614, 57 Ave SW Calgary AB, T2V 0H4		403 252-4744
	French Society of Calgary	1809 5 Street SW Calgary, AB T2S 2A8	403 228-5709	403 209-2491
	Grace Bankview House Senior Citizens Residence Society	Grace Lutheran Manor 3600 Sarcee Rd SW Calgary AB, T3E 6X5	403 242 3055	403 206-7778
	Grace Bankview House Senior Citizens Residence Society	Bankview House 1826-16ASt SW Calgary AB, T2T 4J7	403 244-6050	403 206-7778
	Gracewood Housing Group Ltd	1506-9 St SW Calgary AB T2R 1M9	403 294-1440	403 262-3770
	Kiwanis Club of Calgary-Foothills	2403, 2 Ave NW Calgary AB	403 283-0985	403 284-4656
	Legion West Heritage Society	113,18A St NW Calgary AB, T2N 2H1	403 242-3001	403 242-3001
	Norfolk Housing Association	1118 Kensington Rd NW Calgary AB	403 270-3062	403 283 3051
	Oi Kwan Foundation	200- 1 St SW Calgary AB, T2P 1M3	403 263-1686	403 263-1987
	Shalem Society for Seniors	3010-51 St SW Calgary AB,	403 246-5519	403 242-3712

	Citizen Care	T3E 6X6		
	Silvera for Seniors	804, 7015 Macleod Tr SW Calgary AB, T2H 2K6	403 276-5541	403 276 9152
	Trinity Place Foundation of Alberta	200-602 1 St SE Calgary AB, T2G 4W4	403 457-3717	403 457-2030
	Trinity Place Foundation of Alberta – Glenway Gate	4211 Richmond Rd SW Calgary AB, T2G 4W4	403 264-4596	403 290-1563
	Westbourne Baptist Benevolent Association	877- 64 Ave NW, Calgary AB, T2K 5J4	403 274-8383	403 274-8384

MEDICAL REPORT
(To be completed by Physician)

Please provide answers to the following questions and add comments:

Has the applicant had any of the following within the past year?	**In your medical opinion what is the degree of the applicant's impairment? (please circle)**	**Provide details of diagnosis and onset**
Memory loss	None Mild Moderate Severe	
Wandering	None Mild Moderate Severe	
Confusion	None Mild Moderate Severe	
Aggressive behaviour	None Mild Moderate Severe	
Violent behaviour	None Mild Moderate Severe	
Depression	None Mild Moderate Severe	
Alcoholism/Drug dependency	None Mild Moderate Severe	
Nutritional deficiencies	None Mild Moderate Severe	
Incontinence	None Mild Moderate Severe	
Cardiovascular	None Mild Moderate Severe	
Respiratory	None Mild Moderate Severe	
Epilepsy	None Mild Moderate Severe	
Diabetes	None Mild Moderate Severe	
Allergies	None Mild Moderate Severe	
Visual	None Mild Moderate Severe	
Hearing	None Mild Moderate Severe	
Mental Illness	None Mild Moderate Severe	
Other (e.g. Communicable Disease)		

Does the applicant have?

Hearing aid □ Yes □ No	**Artificial Limb** □ Yes □ No
Pacemaker □ Yes □ No	**Colostomy bag** □ Yes □ No
Oxygen □ Yes □ No	**Walking Aid** □ Yes □ No
Urinary bag □ Yes □ No	**Wheelchair** □ Yes □ No
Any other Aids to daily living □ Yes □ No	**If yes, comment:**

Please list prescribed medications:

MEDICAL REPORT
(To be completed by Physician)

		Additional comments:
Is the applicant able to negotiate stairs?	□ Yes □ No	
Does the applicant require Home Care Services?	□ Yes □ No	**If yes, what services?**
Does the applicant have a Psychiatrist or mental health worker?	□ Yes □ No	**If yes what services?**
Does the applicant require other Support Agencies?	□ Yes □ No	**If yes, what services:**

Is the applicant able to:		**Additional comments:**
Administer their own medication?	□ Yes □ No	
Physically able to function in a group setting independently without putting others at risk, including dressing?	□ Yes □ No	
Safely ambulate?	□ Yes □ No	
Maintain appropriate level of personal hygiene?	□ Yes □ No	
Mentally able to function in a group setting independently without assistance e.g. reminders and prompting?	□ Yes □ No	
Socially fit in with other seniors in a congregate environment?	□ Yes □ No	

Bow Centre Housing Society is offering a smoke free environment?
Is this patient a regular patient? Yes No
Have you seen this patient in the past 2 years? Yes No
General remarks:

Name of Physician completing the form: _____
(Please print clearly)
Clinic Address: _____

Office phone: _____ **Office email/Fax number**_____

Physician signature: _____
This form can be returned to the patient or sent directly to the housing operator.