

IMPORTANT


Please review the checklist and make sure that all documents are included when this application is submitted.

Remember to sign the application declaration.

Missing information will delay the processing of your application.

Submit your completed application in-person with supporting documents to:

Meridian Housing Foundation

4908 53 Avenue,
PO Box 3191
Stony Plain, AB T7Z 1Y4

Ph. 780-963-2149
Fax. 780-591-0031

Or by email to:

MHFAdmin@meridianfoundation.ca

Criteria

Applicants must be:

- 65 year of age or older
- Independent

Application Process

All applications will be scored according to need, and priority will be given to those in greatest need of affordable housing accommodations.

Meridian Housing Foundation uses a point scoring tool legislated by the Government of Alberta to determine waiting list priorities. If the gross yearly income of the Applicant is more than the amount specified under the “Alberta Housing Act” Social Housing Accommodation regulations (presently \$51,500 for a one-bedroom suite, \$63,500 for two-bedroom suite) the applicant, if approved, will be placed on a separate waiting list. The applicant will only be contacted concerning a vacancy when all current applicants whose incomes are under the amount indicated above have been contacted and have refused the accommodations.

Rents are calculated at 30% of the applicant(s)’ total income (Notice of Assessment, Line 15000).

Applications will be reviewed once completed. Upon approval, applicants will be placed on a waitlist.

Applicants who are on the waiting list for more than one year will be asked if they want to continue with their applications.

Applicants who have been offered accommodations and refused the accommodations three times will be removed from the waiting list.

Privacy Statement

The personal information collected through Meridian Housing Foundation is for the purpose of application for subsidized housing or rental benefits. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act.

For questions about the collection of personal information, contact Meridian Housing Foundation FOIP Coordinator at (780) 963-2149 or privacy@meridianfoundation.ca

Retain this Cover Sheet for your records/information.

Return Application to Meridian Housing Foundation Office.

Application Checklist:

- ☐ Fully Completed Application Pages 1 – 3.
- ☐ Signed Declaration Page 4
- ☐ Completed ADMIN New Resident 1 Personal Information.
- ☐ Notice of Assessment for current year (or supporting documentation).

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Seniors Independent Subsidized Living (Page 3)

| Personal Information | | | | Date of Application | |
|--|---|------------------------------|---|---------------------|---|
| Title (Circle) Mr. Miss Mrs. Ms. | Applicant 1 Legal Last Name | Legal First Name | | Initial | |
| Birthday (MM-DD-YYYY) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed | | Legal Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other _____ | | |
| | | | | | |
| Street Address | | City | Province | Postal Code | |
| Email | | Home Phone | | Alternative Phone | |
| Co-Applicant Personal Information (if Applicable) | | | | | |
| Title (Circle) Mr. Miss Mrs. Ms. | Applicant 2 Legal Last Name | Applicant 2 Legal First Name | | Initial | |
| Birthday (MM-DD-YYYY) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | Relation to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ | | Applicant 2 Legal Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other _____ |
| | | | | | |
| Resident Information | | | | | |
| Are you a resident of a Contributing Municipality? <i>(Parkland County, Stony Plain, Spruce Grove, Wabamun)</i> <input type="checkbox"/> Yes If Yes, how long have you been a resident? <input type="checkbox"/> No _____ years | | | Length of residence in: ALBERTA? CANADA? _____ years _____ years | | |
| Income Information | | | *All income will be re-verified prior to Lease Process | | |
| Line 15000, Notice of Assessment | | | Line 15000, Notice of Assessment Applicant 2 | | |
| Highest Source of Income | | | Highest Source of Income Applicant 2 | | |

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Seniors Independent Subsidized Living (Page 4)

| Current Housing Conditions | | | | | | | | | | | | | | | |
|---|---------------------------------------|--|--|--|--|---------------------------------------|---|---|----------------------------------|--|---|----------|---------|---------|--|
| Resident Status <input type="checkbox"/> Renting <input type="checkbox"/> Property Owner | | Monthly Payment Amount <i>(Rent/Mortgage Payment)</i> \$ _____ | | | Do you pay? <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Water/Sewer | | Residence Type <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____ | | | | | | | | |
| Do you share accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Number of People Sharing House <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Adults</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Children</td> </tr> </table> | | Adults | Children | Number of People sharing: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Bathroom</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Bedroom</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Kitchen</td> </tr> </table> | | | | Bathroom | Bedroom | Kitchen | |
| Adults | Children | | | | | | | | | | | | | | |
| Bathroom | Bedroom | Kitchen | | | | | | | | | | | | | |
| Are you currently living in an abusive situation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Can you manage your current accommodations <i>(yardwork, housework, repairs)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Do you currently have other housing options available? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| Do you NEED to move out of your current location? <input type="checkbox"/> Yes If YES , why: _____ <input type="checkbox"/> No | | | | | What other reasons do you have for moving: | | | | | | | | | | |
| Personal Needs Information | | | | | | | | | | | | | | | |
| In which of the following areas do you have difficulty? <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Using stairs</td> <td><input type="checkbox"/> Housekeeping</td> </tr> <tr> <td><input type="checkbox"/> Preparing meals</td> <td><input type="checkbox"/> Shopping</td> </tr> <tr> <td><input type="checkbox"/> Laundry</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> Using stairs | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Preparing meals | <input type="checkbox"/> Shopping | <input type="checkbox"/> Laundry | | Which Home Care Support Services do you currently use? <input type="checkbox"/> Bath Assist <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Medication Help <input type="checkbox"/> Other _____ | | | | |
| <input type="checkbox"/> Using stairs | <input type="checkbox"/> Housekeeping | | | | | | | | | | | | | | |
| <input type="checkbox"/> Preparing meals | <input type="checkbox"/> Shopping | | | | | | | | | | | | | | |
| <input type="checkbox"/> Laundry | | | | | | | | | | | | | | | |
| Mobility Aides: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Other _____ | | Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| Location Preference: <input type="checkbox"/> Any | | Spruce Grove <input type="checkbox"/> Spruce Haven Manor | | | Stony Plain <input type="checkbox"/> Alberta Rose Manor <input type="checkbox"/> Diamond Jubilee Manor <input type="checkbox"/> Meridian Pioneer Manor | | | Wabamun <input type="checkbox"/> Foster Manor | | | | | | | |
| Do you, or any member of your household, own or have any of the following assets? | | | | | | | | | | | | | | | |
| House | | | | | | | | | <input type="checkbox"/> | | | | | | |
| Land, Vacation Home | | | | | | | | | <input type="checkbox"/> | | | | | | |
| Investments (RRSP, GIC, Stocks, Annuities etc) | | | | | | | | | <input type="checkbox"/> | | | | | | |
| Other (Please specify) | | | | | | | | | <input type="checkbox"/> | | | | | | |

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Seniors Independent Subsidized Living (Page 5)

Have any of the following situations impacted your housing needs?

| | |
|---|--------------------------|
| Involuntary separation from spouse (spouse going into long term care) | <input type="checkbox"/> |
| Death of spouse | <input type="checkbox"/> |

Please check off any of the following population groups that apply to members of your household:

| | |
|--|--------------------------|
| Indigenous peoples | <input type="checkbox"/> |
| People with disabilities | <input type="checkbox"/> |
| Individual fleeing violence or leaving second stage shelter* | <input type="checkbox"/> |
| At risk of or transitioning out of homelessness* | <input type="checkbox"/> |
| People dealing with mental health or recovering from addiction* | <input type="checkbox"/> |
| Youth exiting government care | <input type="checkbox"/> |
| Veteran | <input type="checkbox"/> |
| Recent Immigrant or Refugee (in Canada less than 5 years) | <input type="checkbox"/> |
| Racialized group | <input type="checkbox"/> |
| Identify with diverse concepts of gender identity and expression or sexual orientation | <input type="checkbox"/> |

*Please contact the Housing Administrator if you check this category. Supporting documentation may be required.

Is there any other information you wish to provide for your application for housing with Meridian Housing Foundation?

Housing Reference and Consent

| | | | | |
|---|---|--------------------------|--------------------------|-----------------|
| Landlord 1 Name | Address | | | |
| Phone Number | Date From | Date To | | |
| I hereby give permission to Meridian Housing Foundation to obtain the following information from my previous landlord. <div>Signature</div> <div>Date</div> | For office use only: | YES | NO | Comments |
| | <input type="checkbox"/> Rent paid on time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> Rent in arrears? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> Documented tenancy complaints? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> Safety concerns? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> Would rent to applicant again? | <input type="checkbox"/> | <input type="checkbox"/> | |

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Seniors Independent Subsidized Living (Page 6)

Declaration

I/We declare that this is my/our application; and all the information in it is correct and complete to the best of my/our knowledge.

I/We authorize:

- Meridian Housing Foundation to make any inquiries that are necessary to verify the information given in this application;
- any person, corporation, or social agency to release to Meridian Housing Foundation any information pertinent to the assessment of my/our application; and
- members of Meridian Housing Foundation to receive and exchange with credit bureaus and my/our previous landlords credit and other tenancy information about me/us, to be used in the decision-making process to provide me/us with housing;

I/We understand:

- that this application is not an agreement on the part of Meridian Housing Foundation or its members to provide me/us with housing;
- that if I/we are being considered for an available unit, Meridian Housing Foundation may gather additional information in order to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide or cause to be provided information requested to assist with this assessment;
- that it is my/our responsibility to tell Meridian Housing Foundation of any changes to the information given in this application and to provide any supporting materials required;
- that false information given by me/us may result in my/our application being cancelled from consideration; and
- that Meridian Housing Foundation 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.

Printed Name of Applicant

Printed Name of Co-Applicant

Applicant Signature

Co-Applicant Signature

SSC NEW RESIDENT
Personal Information

| | | | | |
|--|---|---|----------------------------------|--|
| <i>Resident (1) Name</i> | | | | |
| <i>Vehicle YEAR and MAKE (if applicable)</i> | | <i>Vehicle License Plate Number</i> | | |
| <i>Resident (2) Name</i> | | | | |
| <i>Vehicle YEAR and MAKE (if applicable)</i> | | <i>Vehicle License Plate Number</i> | | |
| Next of Kin - Primary | | | | |
| <i>Name</i> | <i>Relationship</i> | <i>Phone Number</i> | | |
| <i>Email</i> | | <i>Cell Number</i> | | |
| Executor | | | | |
| <i>Name</i> | <i>Relationship</i> | <i>Phone Number</i> | | |
| <i>Email</i> | | <i>Cell Number</i> | | |
| For Office Use | <i>Phone Number</i> | | <i>Suite</i> | <i>Building</i> |
| | <i>Inspection</i> <input type="checkbox"/> ID# _____ | <input type="checkbox"/> Void Cheque <input type="checkbox"/> Security Deposit <input type="checkbox"/> Insurance | <input type="checkbox"/> Parking | <input type="checkbox"/> Direct Debit <input type="checkbox"/> Keys <input type="checkbox"/> |
| | <i>Move in Date</i> | | | |

The personal information collected on this form will be used for the purpose of maintaining a resident file for operational purposes including creating a contact sheet for residents and managing Meridian Housing Foundation parking facilities. This information is collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. If further information is required, contact the Meridian Housing Foundation FOIP Coordinator at 780-963-2149 or privacy@meridianfoundation.ca.