



Seniors Self-Contained Apartments Application

(Confidential)

Revised September 2025



This application CANNOT be processed unless ALL questions are fully answered.

As of June 1, 2005 all Seniors Self-contained Apartments only offer a smoke-free environment.

The Evergreens Foundation operates seniors self-contained apartment facilities in Edson, Hinton, Jasper, Evansburg, Entwistle, and Wildwood.

Please indicate which community you are applying for:

Edson	Hinton	Evansburg	Entwistle	Wildwood
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It is important to pay close attention to the following portions of your application form:

- Include a copy of your Income Tax Assessment showing Line 15000 for the immediately preceding taxation year.
- Medical Form completed by your family physician (included in this application package).
- Residency Requirement: Applicants must have lived within The Evergreens Foundation's boundaries for 6 months prior to application.

All inquiries and completed application forms can be directed to the Manager within your community:

Edson: Jessica Weber Heritage Court/ Heatherwood Manor #109, 5238-5th Ave Edson, AB T7E 1R6 Ph: 780-723-7117 Fax: 780-712-7457	Hinton: Sandra Gallimore Lion's Sunset Manor 110 West Jasper St. Hinton, AB T7V 1X2 Ph: 780-865-4762 Fax: 780-865-4764	Evansburg/Entwistle & Wildwood Tracey Melnyk P.O. Box 365 5220 49 St Evansburg, AB T0E 0T0 Ph: 780-727-2613 Fax: 780-727-2029 Pembina 1, 2, and 3 Riverview Manor Rosewood Manor Wildrose Villa
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If a translator was required to complete this application, provide their name and telephone number:

Translator's Name	Telephone Number
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The personal information collected through The Evergreens Foundation is for the purpose of 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 the FOIP Coordinator at The Evergreens Foundation at 780-865-5444, or mail to The Evergreens Foundation, 101 Athabasca Ave, Hinton AB, T7V 2A4.

Seniors Self-Contained Apartments Application

Applicant's Last Name	Applicant's First Name	Date of Birth	
Co-Applicant's Last Name	Co-Applicant's First Name	Date of Birth	
Please provide a copy of your Alberta Drivers License (or) Alberta ID Card.			
Street	City	Province	Postal Code
Email Address	Home Telephone	Mobile Telephone	
Applicant's Alberta Digital ID #	Co-Applicant's Alberta Digital ID #		
Are all applicants Canadian Citizens or Permanent Residents? Yes No If NO, provide copies of immigration papers for members who are not Canadian Citizens or Permanent Residents.			

Alternate Contact for Application

Last Name	First Name	Relationship
Email Address	Home Telephone	Mobile Telephone

Do you own or rent your present accommodation?		Own	Rent
Present Accommodation:			
House	Townhouse	Apartment	Rooming House Hotel/Motel Other:
Rent/House Payment \$	Do you currently pay utilities? Yes No		
Rooms in Your Present Accommodation:	# of Bathrooms	# of Bedrooms	
Kitchen Living Room Dining Room			

Do you have tenant insurance? Yes No If YES, Policy #: _____ If NO, please initial that you understand your personal belongings will not be covered in the event of a disaster: _____			
Do you share your accommodation with any person(s) other than listed above?		Yes	No
If YES, how many other persons? # of Adults: _____		# of Children: _____	
What part of the accommodation is shared?			
If you do not pay rent, do you contribute financially?		Yes	No
If YES, please specify: _____			
Do you require an accessible unit?		Yes	No
Do you currently use any of the following?		Electric Wheelchair	Wheelchair Scooter

For safety reasons there may be some restrictions on usage of electric devices at some sites. Manager will discuss with tenant.

Important! Please enclose a copy of your current year income tax **Notice of Assessment** showing Line 15000.

Income shown on Line 15000 from your current year Canada Revenue Agency (CRA) Notice of Assessment (NoA), for each household member 22 years of age or older. <i>Not including: live in aids or dependents up to 24 years old who attend a recognized school or education institution full time.</i>	Total for Household \$ \$ \$ \$	Total for Household \$
Current Rent \$	Do you pay for utilities in addition to rent? Yes No	
Total number of household members # of Adults: # of Dependents (children up to 22 years of age):		

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

Indigenous peoples
People with disabilities
Individual fleeing violence or leaving second stage shelter*
At risk of or transitioning out of homelessness*
People dealing with mental health or recovering from addiction*
Youth exiting government care
Veteran
Recent Immigrant or Refugee (in Canada less than 5 years)
Racialized group
Identify with diverse concepts of gender identity and expression or sexual orientation
Any additional information that has changed since you applied? (ex. currently staying at a friend's, current housing is unsafe)

*Please contact the Client Services Manager at The Evergreens Foundation if you check this category. Supporting documentation may be required.

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5

Applicants Acknowledgement

I understand that this is an application for accommodation and not an agreement on the part of The Evergreens Foundation to provide me with rental accommodation.

I further acknowledge the right of The Evergreens Foundation, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize The Evergreens Foundation to investigate all the statements made in this application, being aware that discovery of any false statement may cancel any further consideration of this application.

I further agree that I am obligated to advise The Evergreens Foundation, in writing, of any changes in family composition, gross family composition, gross family income, assets, employment or change of address should occur.

I understand that this information is being collected under the authority of the Freedom of Information and Protection of Privacy ACT (32-C) as is required for the purpose of administering a housing program. Any questions or concerns regarding the use and/or handling of my personal information should be directed to the FOIP Coordinator at The Evergreens Foundation.

That I/we have resided in the Province of Alberta _____ years of my/our life/lives and in The Evergreens Foundation boundaries (Hinton, Edson, Jasper, MD of Greenview No. 16 (Grande Cache), Yellowhead County, Parkland County West of the Seba Beach turnoff) for _____ years.

Applicant Signature

Applicant Printed Name

Date

Bank Account Information

For Pre-Authorization



Property Code (Office Use Only)

Please return the completed form in person, by fax, mail or e-mail to:

Head Office

101 Athabasca Ave
Hinton, AB T7V 2A4

Fax: 780-865-5401

Rental Assistance Benefit

ahm@theegf.com

Social Housing

financeadmin@theegf.com

Lodges

finance@theegf.com

Account Holder Information (Please Print and Complete in Full)

First Name

Middle Name (If Applicable)

Last Name

Address / Postal Code

Phone Number

Town / Province

Social Insurance Number

Account Information (Canadian Financial Institutions Only)

Please complete in full and attach copy of void cheque here.

FOR THE PURPOSE OF: ☐ DIRECT DEPOSIT (RAB) ☐ DIRECT DEBIT (RENT WITHDRAWAL)

Transit No.

Institution No.

Account No.

Financial Institution Name

Phone Number

By signing below, I agree to the collection of my personal information by The Evergreens Foundation under the authority of **Division 1, Section 4 of the Protection of Privacy Act (POPA)** and/or in accordance with any applicable agreements in place.

Direct Debit: I, the payee, authorize The Evergreens Foundation to debit the account identified above for the amount set on my current rent services agreement, on the 1st of every month or the next business day. I understand I may revoke my permission at any time, in writing, subject to 30 days notice.

Direct Deposit: I, the undersigned, agree to the collection of my personal information by The Evergreens Foundation to issue direct deposit payments into my bank account.

Date Signed

Name of Joint Account Holder (If Applicable)

Signature of Account Holder

Signature of Joint Account Holder