

COUNTY OF STETTLEH HOUSING AUTHORITY

“Seniors and Community Housing”

Central Office
Willow Creek Lodge
6020 - 47 Avenue, Stettler, AB T0C 2L1
Phone: 403-742-2953 Fax: 403-742-3199

Paragon Place Lodge
5011- 55 Street, Stettler, AB T0C 2L2
Phone: 403-742-6195 Fax: 403-742-6198



Heart Haven Lodge
6011- 50 Street, Stettler, AB T0C 2L1
Phone: 403-742-9220 Fax: 403-742-9221

Stettler Community Housing
403-740-9224

Big Valley - Valley Villa Apts.
403-741-8605

County of Stettler Housing Authority – Big Valley Villa Application Process

The following instructions will guide you through the application process. Each applicant must complete an ‘**Application for Accommodation**’ form, and the ‘**Physician’s Report**’ form. It is important to note that **couples applying must fill out two separate applications**.

1. Complete the ‘**Application for Accommodation**’ form.

Note: Section F – Declaration – This can be left blank to fill out during the interview.

2. Have your family doctor complete the ‘**Physician’s Report**’ form.
3. Attach your latest **income tax return** to your application. (Supporting slips and schedules not required)
4. Upon completion of the above forms, please **call to arrange for an interview and facility tour**. The information gathered will be used to determine if the applicant meets the criteria for accommodation and to determine their placement on the waiting list.
5. Applicants **must be deemed eligible** for accommodation before their application is accepted and processed.
6. It is the responsibility of the applicant to **ensure the application is up to date at all times**. It is important to note that eligibility, or non-eligibility of an applicant can change as circumstances change.

If you have any questions at all, please call 403-742-6195. I look forward to meeting with you.

Elaine Dumont-Hudye
Resident Services Manager,
County of Stettler Housing Authority

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Application for Accommodation

A. APPLICANT (Couples must complete separate applications) Full Name – Please Print:

 Surname Given Name Middle Name

Full Address: _____ Phone: _____
 Box or Street Town Postal Code

Date of Birth: _____ Place of Birth: _____
 Mon/Day/Year

Marital Status: _____ (Single/Married/Widow/Divorced/Separated/Common-law)
 Health Care Number: _____ Name of Doctor _____

Name of Executor(s) (You must advise us if this changes) _____

B. PERSONAL CONTACTS

Emergency Contacts: Please list family or friends that we may contact if you need assistance.

1. Name: _____ Relationship to you: _____
 Phone: _____ Cell Phone: _____
 Address: _____ Town: _____

2. Name: _____ Relationship to you: _____
 Phone: _____ Cell Phone: _____
 Address: _____ Town: _____

3. Name: _____ Relationship to you: _____
 Phone: _____ Cell Phone: _____
 Address: _____ Town: _____

C. ACCOMMODATIONS

Please number, in order, your preference of facilities. Valley Villas _____ Lodge _____

D. REASONS FOR WANTING ACCOMMODATION

E. INCOME VERIFICATION

Please submit a copy of your last income tax return (supporting slips and schedules not required).
Couples making application must each submit a copy of their own return.

F. DECLARATION

I understand that this application does not constitute an agreement on the part of the County of Stettler Housing Authority, to provide me with admission.

I further acknowledge the right of the County of Stettler Housing Authority, at any time prior to admission hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, my acceptance or approval of this application previously made or given.

I hereby authorize the County of Stettler Housing Authority, to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I, _____, of the _____ of _____, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in the said application;
2. That the statements made by me in the said application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I am a Canadian citizen or a legal resident of Canada;
4. And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

Signature of Applicant

Date: mm/dd/yr

Witness

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VALLEY VILLA - SELF CONTAINED SENIORS' APARTMENTS MEDICAL PROFILE OF APPLICANT FOR SENIORS' HOUSING

TO THE ATTENDING PHYSICIAN:

- A. This Medical information form is required by County of Stettler Housing Authority in regard to all applicants seeking admission into Valley Villa Seniors' Self - Contained Apartments. All information must be current within a six month time frame.
- B. As per the "Social Housing Accommodation" Regulation of the Alberta Housing Act, Sect. 13, #2B - "... A Senior citizen household is eligible for self-contained senior citizen's housing accommodation, if that household is - i. functionally independent or ii. Functionally independent with the assistance of existing community based services. Functionally independent is defined in Sect. 1, 1H, as "means physically and mentally self sufficient."
- C. There is no staff 24/7 on site. The Applicant is responsible for preparing and cooking meals as well as all housekeeping duties including laundry.

The form is to supplement other information to determine if the Applicant is physically and mentally able to look after him or herself in a self contained apartment.

AUTHORIZATION OF APPLICANT:

I hereby authorize any Physician, Medical Clinic, Hospital or other person that has any records of knowledge of my health to provide full information to the County of Stettler Housing Authority.

Date

Signature of Applicant

Witness

COUNTY OF STETTLER HOUSING AUTHORITY

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VALLEY VILLA - SELF CONTAINED SENIORS' APARTMENTS MEDICAL PROFILE OF APPLICANT FOR SENIORS' HOUSING

NAME OF APPLICANT: _____

ADDRESS: _____

BIRTHDATE: _____

Date of last contact with the patient to substantiate this information:

Is this applicant physically and mentally able to maintain him or herself in a private self - contained apartment?

YES _____

NO _____

Please detail any medical information which you feel would be important to the applicant's application for senior citizen self-contained housing:

Attending Physician's Signature

Physician's Office Ph. Number

Attending Physician's Name (Printed)

Date of Signature

Once the Applicant has signed the Authorization, please return the form to:

County of Stettler Housing Authority

ATTN: Valley Villa

5011-55 Street

Stettler, Alberta

T0C 2L2

Or

Fax to 403-742-6198