**340715 ALBERTA SOCIETY**



**GRANDE PRAIRIE RESIDENTIAL SOCIETY**

*Return completed application to:*

 **Grande Spirit Family Housing Office**

**9503 102 Ave., GRANDE PRAIRIE, AB T8V 7G9**

 **Fax: 780 882-6774**

**E-mail:** **family@grandespirit.org**

**Phone: 780 532-3276**

 **TENANT APPLICATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX: \_\_\_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_\_\_\_\_\_\_NAME OF GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME OF TRUSTEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER PERSONS WHO WILL OCCUPY UNIT: NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE IF CHILD\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE IF CHILD\_\_\_\_\_

DATE UNIT IS REQUIRED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS THIS A REQUEST TO TRANSFER WITHIN GPRS? \_\_\_\_\_\_\_\_\_

WILL YOU REQUIRE A 1, 2 OR 3 BEDROOM UNIT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE THE CARE YOU NEED TO LIVE INDEPENDENTLY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL YOU REQUIRE ADDITIONAL SUPPORT IN THIS HOUSING UNIT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YES, DO YOU REQUIRE ASSISTANCE IN ACQUIRING THAT SUPPORT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WOULD YOU BE WILLING TO SHARE A UNIT WITH ANOTHER APPLICANT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT ACCOMMODATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHY DO YOU WANT TO MOVE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER LIVED ON YOUR OWN BEFORE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE A SMALL PET THAT YOU WANT TO BRING WITH YOU?\_\_\_\_\_\_TYPE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU RESIDE IN THE GRANDE PRAIRIE AREA?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF SO, FOR HOW LONG? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU LIVED IN THE PEACE REGION IN THE PAST? \_\_\_\_\_\_ WHERE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHEN?\_\_\_\_\_\_\_

**DIAGNOSIS/DISABILITY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOURCE(S) OF HOUSEHOLD INCOME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL MONTHLY INCOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANNUAL INCOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNICATION ABILITY** YES NO PARTIALLY

ARE YOU ABLE TO USE THE TELEPHONE? \_\_\_\_ \_\_\_\_ \_\_\_\_\_

COMMUNICATE BY SPEECH? \_\_\_\_ \_\_\_\_ \_\_\_\_\_

COMMUNICATE BY OTHER MEANS? \_\_\_\_ \_\_\_\_ \_\_\_\_\_ Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION** **NORMALLY USED**

HANDIBUS \_\_\_\_\_ TAXI \_\_\_\_\_ OWN VEHICLE \_\_\_\_\_ OTHER \_\_\_\_\_\_\_

**MOBILITY** (F/T = Full time P/T = Part Time)

STANDARD WHEELCHAIR \_\_\_\_\_\_ CRUTCHES \_\_\_\_\_ WALKER \_\_\_\_\_ CANE \_\_\_\_\_

F/T \_\_\_ P/T\_\_\_ F/T \_\_\_ P/T\_\_\_ F/T \_\_\_ P/T\_\_\_ F/T \_\_\_ P/T\_\_\_

POWER WHEELCHAIR \_\_\_\_\_\_ SCOOTER\_\_\_\_\_\_\_ OTHER \_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F/T \_\_\_ P/T\_\_\_ F/T \_\_\_ P/T\_\_\_ F/T \_\_\_ P/T\_\_\_ INDEPENDENT USE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE DESRCIBE WHERE AND WHEN YOU USE YOUR WHEELCHAIR/POWER W/C AND/OR SCOOTER AT THIS TIME?**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ANY SPECIAL EQUIPMENT YOU ARE NOW USING**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL CARE ASSISTANCE REQUIRED**

 NONE PARTIAL TOTAL NONE PARTIAL TOTAL

FEEDING \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ BATHING \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

DRESSING \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ SHOWERING \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

WASHING HANDS/FACE \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ SHAVING \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

COMBING HAIR \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ SHAMPOOING \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

**WHAT ASSISTANCE DO YOU REQUIRE AT NIGHT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOMEMAKING ASSISTANCE REQUIRED**

NONE PARTIAL TOTAL

MEAL PREPARATION \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

CLEANING \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

LAUNDRY \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

BUDGETING \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

PLEASE GIVE ONE PERSONAL REFERENCE (NOT INCLUDING FAMILY):

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE GIVE ONE RENTAL REFERENCE:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF RESIDENCY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PHYSICIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY AUTHORIZE 340715 ALBERTA SOCIETY (GRANDE PRAIRIE RESIDENTIAL SOCIETY) TO OBTAIN AND USE SUCH MEDICAL AND SOCIAL REPORTS AND INFORMATION AS MAY BE REQUIRED.

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 September 2020