



**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 DESCRIBE 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

	<u>NONE</u>	<u>PARTIAL</u>	<u>TOTAL</u>
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: _____