



**340715 ALBERTA SOCIETY
GRANDE PRAIRIE RESIDENTIAL SOCIETY (GPRS)**

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: _____ SOCIAL INSURANCE NUMBER: _____

EMAIL ADDRESS: _____ ALTERNATE CONTACT: _____

NAME OF GUARDIAN: _____ CONTACT INFORMATION: _____

NAME OF TRUSTEE: _____ CONTACT INFORMATION: _____

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? _____

PRESENT ACCOMMODATIONS: _____

WHY DO YOU WANT TO MOVE? _____

DO YOU HAVE THE CARE YOU NEED TO LIVE INDEPENDENTLY? _____

WILL YOU HAVE A CAREGIVER? _____ IF YES, WILL THE CAREGIVER LIVE IN THE UNIT? _____

HAVE YOU EVER LIVED ON YOUR OWN? _____

DO YOU RESIDE IN THE GRANDE PRAIRIE AREA? _____ IF YES, FOR HOW LONG? _____

HAVE YOU LIVED IN THE PEACE REGION IN THE PAST? _____ WHERE _____ WHEN _____

DO YOU HAVE A SMALL PET THAT YOU WANT TO BRING WITH YOU? _____ TYPE _____

SOURCE(S) OF HOUSEHOLD INCOME: _____

TOTAL MONTHLY INCOME: _____ ANNUAL INCOME: _____

DIAGNOSIS/DISABILITY: _____

DESCRIBE YOUR MOBILITY: _____

MOBILITY EQUIPMENT USED: (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 USE: _____

DO YOU REQUIRE A MECHANICAL LIFT? _____ TYPE: _____

PERSONAL CARE ASSISTANCE REQUIRED:

	NONE	PARTIAL	TOTAL		NONE	PARTIAL	TOTAL
TRANSFERS	_____	_____	_____	SHOWERING	_____	_____	_____
DRESSING	_____	_____	_____	OTHER	_____	_____	_____

DO YOU REQUIRE ASSISTANCE AT NIGHT? _____

HOMEMAKING ASSISTANCE REQUIRED

	<u>NONE</u>	<u>PARTIAL</u>	<u>TOTAL</u>
MEAL PREPARATION	_____	_____	_____
CLEANING	_____	_____	_____
LAUNDRY	_____	_____	_____
BUDGETING	_____	_____	_____

TRANSPORTATION NORMALLY USED

HANDIBUS _____ TAXI _____ ACCESSIBLE TAXI _____ OWN VEHICLE _____ OTHER _____

COMMUNICATION

HOW DO YOU PREFER TO COMMUNICATE? PHONE _____ TEXT _____ EMAIL _____ OTHER _____

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 OR MEDICAL PROFESSIONAL: _____

ADDRESS: _____ PHONE NUMBER: _____

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.

SIGNATURE OF APPLICANT OR GUARDIAN: _____

DATE: _____

PRIVACY NOTICE AND CONSENT:

The information you provide on this application is collected under the authority of Ministerial Order M.O. #H:091/94 and the Alberta Housing Act. This information is protected by Alberta privacy laws, including the Personal Information Protection Act (PIPA) and the Protection of Privacy Act (POPA). These laws are in place to protect your personal information and prevent it from being shared without proper reason.

Grande Prairie Residential Society uses this information to:

- Assess housing eligibility and needs
- Understand accessibility and support requirements
- Provide appropriate housing services

Your information will be shared with the property manager of GPRS (Grande Spirit Foundation Family Housing) as necessary to provide housing services, and with other agencies only when required by law. GPRS will take steps to keep your information secure and will keep it only as long as necessary.

You have the right to see your information and to ask for corrections. If you have questions about privacy, you may contact the Privacy Officer for GPRS by calling 780 532-3276 or by emailing family@grandespirit.org (Grande Spirit Foundation Family Housing Office, property manager for GPRS).

CONSENT:

By signing below, I confirm that I understand this notice and consent to the collection, use, and sharing of my personal information, including sensitive information such as disability and health details, for the purposes described above.

Signature of Applicant or Guardian: _____ **Date:** _____

Signature of Co-applicant if applicable: _____ **Date:** _____