



**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](mailto: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:**

Grande Prairie Residential Society (GPRS) is committed to protecting the personal information provided on this application in accordance with Alberta’s Personal Information Protection Act (PIPA) and other applicable legislation governing the collection, use, disclosure and protection of personal information.

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 as necessary with the property manager of GPRS, Grande Spirit Foundation Family Housing, 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. GPRS encourages applicants to update their information and needs annually, or when changes occur, by contacting the property manager. You have the right to see your information and to ask for corrections. If you have questions or concerns about privacy, you may contact the Privacy Officer for GPRS by calling the Grande Spirit Foundation Family Housing Office at 780 532-3276 or by emailing [family@grandespirit.org](mailto:family@grandespirit.org).

**CONSENT:**

By signing below, I confirm that I understand this notice and consent to the collection, use, and sharing of my personal information as necessary for the purposes described above.

**Signature of Applicant or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Co-applicant if applicable:** \_\_\_\_\_ **Date:** \_\_\_\_\_