

Who is eligible to apply?

- Applicants must be able to manage most or many daily tasks independently, arrange, manage and direct their own care and be responsible for decisions about day-to-day activities.
- Applicants should be 65 years of age or older. Applicants under 65 years of age may still qualify for some communities.
- Residents must be a Canadian citizen or permanent resident (landed immigrant) and must have lived in Canada for at least 10 years **or** in Calgary for at least one year.

Three easy steps to your new home!

1) Apply: Please ensure ALL boxes are checked below prior to submitting your application. ALL applications **MUST** include the following in order to be processed:

- Application form** completed and signed
- Functional assessment** completed by a physician, or nurse practitioner.
- Memory score – MoCA, MMSE, etc.** (if there is any indication of memory loss)
- Notice of assessment** from most recent tax year
- Three months of bank statements** (with your full name on them)
- Any other proof of income required** (i.e.: confirmation of AISH, proof of Alberta Works, investment income, etc.)
- Any other supportive documentation** (i.e.: eviction letter, notice of rent increase, etc.)
- Please ensure you have applied for ALL BENEFITS you are eligible for BEFORE APPLYING and have received confirmation of benefits.**

Note: NOA is required by the government to be eligible to apply for subsidized housing and is required annually to prove continued eligibility. You can request a copy of your NOA from the Canada Revenue Agency at 1.800.959.8281.

- 2) Submit:** All documents can be emailed to leasing@silvera.ca; faxed to 403.276.9152, or mailed to Silvera for Seniors: Suite 804, 7015 Macleod Trail SW, Calgary, AB T2H 2K6. Application forms can now be dropped off at any Silvera supportive living locations (community names that include “Commons” in the name). Please visit our website at www.silvera.ca to view the locations.
- 3) Chat with us:** A Sales & Leasing Coordinator will have a conversation with you to fully understand your situation and needs, then suggest the best new home for you. When a suite is available, they will arrange a tour of the community and an in-person meet & greet to ensure your needs can be met by Silvera. If applying for supportive living, we encourage you to do a virtual tour online or to call the community directly to arrange an in-person tour, prior to your meet & greet.
- Visit our website at www.silvera.ca to learn more.
 - Choose a community location. Each location has a virtual tour or photos and a phone number listed.

This application contains your personal information, which is being collected under the authority of the Alberta Housing Act to be used to determine eligibility of applicants, need and allocation within Silvera’s housing programs. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with Alberta privacy legislation and can be reviewed or corrected upon request.

Questions regarding the collection of personal information can be directed to:

FOIP Coordinator – Silvera for Seniors

Phone: 403.276.5541 / Fax: 403.276.9152 / email: contact@silvera.ca

APPLICANT CONTACT INFORMATION

Last Name:	First Name:	Middle Name:
Also known as:	Date of birth:	Age:
Current Address:		
City:	Province:	Postal Code:
Email:	Phone #:	

CO-APPLICANT CONTACT INFORMATION
(for double accommodation in the same unit)

Last name:	First name:	Middle name:
Also known as:	Date of birth:	Age:

Please note: a SEPARATE APPLICATION must be submitted for EACH APPLICANT.

APPOINTEE INFORMATION (if applicable)

Power of Attorney
 Enduring Power of Attorney (Not enacted / Enacted)
 Legal Guardian
 Public Trustee
 Personal Directive
 If you check any of the boxes above, we may need additional information.

WHAT IS YOUR CURRENT LIVING SITUATION

Own
 Homeless
 Hospital
 Family/Friends
 Rent
 Shelter
 Transitional Housing
 Other _____
 Current Rent/Mortgage paid \$ _____
 Current Utilities(heat/water/electricity) paid?
 Yes
 No

Prefer to move in:
 Under 30 Days
 30 - 60 days
 Over 60 days.
 Please list specific communities you are interested in (Max. 3) : (Subject to availability and income requirements. We do our best to accommodate.)

If someone is helping you with this application OR if you give permission to Silvera to contact or discuss your application with someone, please complete this section

Option 1 (If applicable)

Name:	Relationship:
-------	---------------

Current Address:

Email:	Phone #:
--------	----------

Permission to contact or discuss your information: Yes No

Signature of Applicant: **PLEASE SIGN BELOW**

X _____

*** Applicant must sign here for Silvera to discuss this application with the person named above. ***

Option 2 (If applicable)

Name:	Relationship:
-------	---------------

Current Address:

Email:	Phone #:
--------	----------

Permission to contact or discuss your information: Yes No

Signature of Applicant: **PLEASE SIGN BELOW**

X _____

*** Applicant must sign here for Silvera to discuss this application with the person named above. ***

ADDITIONAL QUESTIONS

Do you require pet-friendly accommodations? Yes No
 If Yes, Cat or Dog

Do you smoke or vape? Yes No

Would you like to opt-in to receive a call or email regarding updates about Silvera’s offerings and more? Yes No

Do you self-identify as being part of any of the following groups:

Canadian Veteran Individuals Fleeing Violence
 Indigenous People At Risk of Homelessness
 LGBTQ+ Community Transitioning out of Homelessness Supports
 Racialized Groups Persons with Disabilities
 Recent Immigrants or Refugees (Landed in past five years)
 Dealing with Mental Health Dealing with Addiction Not Applicable

CITIZENSHIP & MIGRANT STATUS

What is your current citizenship and immigration status?
 Canadian citizen Permanent Resident (Landed immigrant)
 Other: _____

GENERAL INFORMATION

What is your primary language?
 English French American Sign Language Arabic Cantonese
 Hindi Mandarin Spanish Tagalog Vietnamese
 Other _____

Is an interpreter required? Yes No
 If yes, do you have access to an interpreter? Yes No

Have you ever been evicted? **(If Yes, please attach eviction letter)** Yes No
 Have you ever lived at Silvera? Yes No

SUPPORTS NEEDED/WANTED (please mark with an "X")

- | | |
|---|--|
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Housekeeping services |
| <input type="checkbox"/> 24/7 non-medical staff | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Social, educational and recreational | <input type="checkbox"/> Community of seniors programs |

INCOME

Annual income from line 15000 of most recent notice of assessment (NOA)

\$ _____

Please attach your most recent notice of assessment and proof of any other income not included in your notice of assessment (example: private pension, out of country pension, investment income).

*** Please also include three months of your most recent bank statements, with your name on them.**

FINANCES PLEASE COMPLETE THIS SECTION (CIRCLE IF TOTALS ARE MONTHLY OR YEARLY)

Please ensure you have applied for ALL BENEFITS you are eligible for BEFORE APPLYING and have received confirmation of benefits.

AISH \$ _____ monthly / yearly Please include proof of AISH*

Alberta Works \$ _____ monthly / yearly Please include proof of AB Works*

Old Age Security \$ _____ monthly / yearly

Alberta Seniors Benefits \$ _____ monthly / yearly

Guaranteed Income Supplement \$ _____ monthly / yearly

Canada Pension Plan \$ _____ monthly/yearly

Other Pension \$ _____ monthly/yearly

Employment \$ _____ monthly / yearly

Other income* (Not listed above): \$ _____ monthly / yearly

*Excluding RRSP or RRIF income

ASSETS

<input type="checkbox"/> Property \$ _____	<input type="checkbox"/> Savings: \$ _____
<input type="checkbox"/> Land: \$ _____	(Excluding: RRSP, TSFA, RRIF)
<input type="checkbox"/> 1 st Household Car: \$ _____	<input type="checkbox"/> Investments: \$ _____
<input type="checkbox"/> 2 nd Household Car: \$ _____	<input type="checkbox"/> Other: \$ _____

HOW DID YOU HEAR ABOUT SILVERA?

<input type="checkbox"/> Searched on my own	<input type="checkbox"/> Community newspaper/postcard
<input type="checkbox"/> Word of mouth (friend/family)	<input type="checkbox"/> Calgary Herald
<input type="checkbox"/> Professional referral _____	<input type="checkbox"/> Calgary Sun
<input type="checkbox"/> Online ad	<input type="checkbox"/> Kerby Directory
<input type="checkbox"/> Facebook	<input type="checkbox"/> TV
<input type="checkbox"/> Silvera's website	<input type="checkbox"/> Radio
<input type="checkbox"/> Event _____	<input type="checkbox"/> Other _____

APPLICANT'S ACKNOWLEDGEMENT

I understand and agree that this application is an expression of my interest in housing at Silvera for Seniors. This application is not a contract or a reservation for residence. Nothing contained in this document obligates or entitles me to a suite at Silvera for Seniors until a Tenancy Agreement has been signed by all parties involved.

Signature of Applicant **PLEASE SIGN HERE** X _____

Date: _____

Please submit the completed application with ALL documents to Silvera:

Email to leasing@silvera.ca

Fax to 403.276.9152

Mail to Suite 804, 7015 Macleod Trail SW, Calgary, AB T2H 2K6.

Drop off at any Silvera supportive living locations.

(Community names that include "Commons" in the name)

Please visit our website at www.silvera.ca to view the locations.