



Application Received
Date Stamp – Office Use Only

Lodge Application Form

GEF Client Number:
Office Use Only

DESCRIPTION	1 ST APPLICANT	2 ND APPLICANT
LEGAL NAME:	First Middle Initial Last	First Middle Initial Last
PREFERRED NAME / NICKNAME		
GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
BIRTHDATE: MM/DD/YYYY	AGE: <i>1st applicant must be at least 65 years old</i>	AGE: <i>2nd applicant must be at least 60 years old</i>
PHONE NUMBER:		
OTHER PHONE and/or EMAIL:		
ADDRESS:		
POSTAL CODE:		
CITIZENSHIP: Are you a Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____
LANGUAGE: Can you understand and/or speak English?	<input type="checkbox"/> Yes: <input type="radio"/> Understood <input type="radio"/> Spoken <input type="checkbox"/> No: <input type="radio"/> Require an Interpreter? What language: _____	<input type="checkbox"/> Yes: <input type="radio"/> Understood <input type="radio"/> Spoken <input type="checkbox"/> No: <input type="radio"/> Require an Interpreter? What language: _____
Have you ever lived in a GEF building before?	<input type="checkbox"/> No <input type="checkbox"/> Yes Building & Year? _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Building & Year? _____
Do you smoke? <i>This will <u>not</u> affect eligibility</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SITE PREFERENCES

First Choice (Mandatory) _____	Other Choices (Optional):
Applicants <u>must</u> choose a first-choice lodge. For a list of all GEF lodges, please see www.gef.org or read the GEF Housing Brochure.	Approved applicants can be on multiple wait lists. Please list any other building/areas you want: _____ _____

FINANCIAL INFORMATION – This information is mandatory; please check which boxes reflect the source of your income.

DESCRIPTION	1 ST APPLICANT	2 ND APPLICANT
Line 150 from your most current income tax year (Notice of Assessment). Please indicate year: 20_____	\$	\$
Old Age Security (OAS)	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Income Supplement (GIS)	<input type="checkbox"/>	<input type="checkbox"/>
Alberta Seniors Benefit (ASB)	<input type="checkbox"/>	<input type="checkbox"/>
Assured Income for the Severely Handicapped (AISH)	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan (CPP)	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. foreign pensions): _____	<input type="checkbox"/>	<input type="checkbox"/>

ACCOMMODATION WANTED	DESIRED MOVE-IN DATE
Check ALL that apply: <input type="checkbox"/> Single Occupancy <input type="checkbox"/> Double Occupancy <input type="checkbox"/> Barrier Free	_____/_____/_____ month / day / year

EMERGENCY/ALTERNATIVE CONTACT	
Name:	Home/Cell number:
Relationship:	Business number:

CURRENT ACCOMMODATION	
<input type="checkbox"/> Home Owner <input type="radio"/> house/duplex or <input type="radio"/> condo <input type="checkbox"/> Renter <input type="checkbox"/> Other _____	How long have you lived here? _____ <i>If less than 12 months, include the previous residency</i>
What are your current monthly payments? <input type="checkbox"/> Rent/Mortgage _____ <input type="checkbox"/> Utilities _____ <input type="checkbox"/> Other _____	
Most Recent Landlord Name: _____ Phone Number: : _____ Property Management Company: _____	
If you have been given a Notice to Vacate, please attach a copy to this application.	

PLEASE CHECK ALL THAT APPLY TO EACH APPLICANT <i>(This will <u>not</u> affect eligibility)</i>	1 ST APPLICANT	2 ND APPLICANT
	<input type="checkbox"/> Walker <input type="checkbox"/> Homecare <input type="checkbox"/> Cane <input type="checkbox"/> Oxygen <input type="checkbox"/> White Cane <input type="checkbox"/> Needles <input type="checkbox"/> Scooter <input type="checkbox"/> Physical Disability <input type="checkbox"/> Wheelchair <input type="checkbox"/> Diabetic	<input type="checkbox"/> Walker <input type="checkbox"/> Homecare <input type="checkbox"/> Cane <input type="checkbox"/> Oxygen <input type="checkbox"/> White Cane <input type="checkbox"/> Needles <input type="checkbox"/> Scooter <input type="checkbox"/> Physical Disability <input type="checkbox"/> Wheelchair <input type="checkbox"/> Diabetic

Other related information you want to provide:

Please send only one application to your first-choice lodge. Applicants will be contacted by their first-choice lodge within two (2) weeks of application received. An in-person housing interview will be scheduled which will determine approval for GEF Seniors Housing. Approved applicants can be on one or more lodge waitlists. Lodge waitlists are based on need. Please call lodges directly for more information on availability. GEF does not provide emergency housing. Sorry no pets allowed.

For more information please see www.gef.org or call the Central Office at **780-482-6561**.

1st Applicant's Signature

2nd Applicant's Signature

Date

Date

SITE USE ONLY	
Date Entered into HomeLink	
Initial Follow-Up Date (e.g. phone call)	
Interview Date	

Your personal information is being requested under authority of the Alberta Housing Act and its regulations. Information that you provide to us will be used to determine eligibility for subsidized housing. Your personal information will be protected in compliance with The Freedom of Information & Protection of Privacy (FOIP) Act and its regulations. If you have any questions about the collection and use of this information, please contact the Information & Privacy Officer at 780-482-6561.