



**HYPHE & DISTRICT PIONEER HOMES ADVISORY COMMITTEE**

Box 388, 10404-100 Street Hythe, AB T0H 2C0

PH: 780-356-3077 FAX: 780-356-3938

HPH Client Number:

Date Received:

DESCRIPTION	1 <sup>ST</sup> APPLICANT	2 <sup>ND</sup> APPLICANT
<b>LEGAL NAME:</b>	First Middle Initial Last	First Middle Initial Last
<b>PREFERRED NAME / NICKNAME</b>		
<b>GENDER:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>BIRTHDATE:</b> MM/DD/YYYY	<b>AGE:</b> <i>1st applicant must be at least 65 years</i>	<b>AGE:</b>
<b>PHONE NUMBER:</b>		
<b>OTHER PHONE and/or EMAIL:</b>		
<b>ADDRESS &amp; POSTAL CODE:</b>		
<b>Family Phone &amp; Email:</b>		
<b>CITIZENSHIP: Are you a Canadian Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____
<b>LANGUAGE: Can you understand and/or speak English?</b>	<input type="checkbox"/> Yes: <input type="checkbox"/> Understood <input type="checkbox"/> Spoken <input type="checkbox"/> No: <input type="checkbox"/> Require an Interpreter?	<input type="checkbox"/> Yes: <input type="checkbox"/> Understood <input type="checkbox"/> Spoken <input type="checkbox"/> No: <input type="checkbox"/> Require an Interpreter?
<b>Do you smoke?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CURRENT ACCOMODATION**

Home Owner  House/ Duplex or  Condo

Renter

Other \_\_\_\_\_

How long have you lived in the Northern Area? \_\_\_\_\_

*If less than 12 months, include previous residency*

**What are your current monthly payments?** Rent/ Mortgage \_\_\_\_\_ Utilities \_\_\_\_\_ 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.**

<b>PLEASE CHECK ALL THAT APPLY TO EACH APPLICANT</b> <i>(This will not affect eligibility)</i>	<b>1<sup>st</sup> Applicant</b>	<b>2<sup>nd</sup> Applicant</b>
	<input type="checkbox"/> Walker <input type="checkbox"/> Homecare <input type="checkbox"/> Nutrition Concerns <input type="checkbox"/> Oxygen <input type="checkbox"/> Depression/ Anxiety <input type="checkbox"/> Physical Disability <input type="checkbox"/> Wheelchair/ Scooter <input type="checkbox"/> Diabetic	<input type="checkbox"/> Walker <input type="checkbox"/> Homecare <input type="checkbox"/> Nutrition Concerns <input type="checkbox"/> Oxygen <input type="checkbox"/> Depression / Anxiety <input type="checkbox"/> Physical Disability <input type="checkbox"/> Wheelchair/ Scooter <input type="checkbox"/> Diabetic

Other related information you want to provide:

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

Line 150 of your Tax Return: \_\_\_\_\_ (Notice of assessment required at move-in)

AISH Recipient:  Yes  No

Alberta Health Care Number: \_\_\_\_\_

\*Once Reviewed, HPH's may require additional information.

\_\_\_\_\_  
1<sup>st</sup> Applicants Signature  
\_\_\_\_\_

\_\_\_\_\_  
2<sup>nd</sup> Applicants Signature  
\_\_\_\_\_

Date

Date

SITE USE ONLY	
Date entered on wait list	
Initial follow up date (ex, 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 housing and Care Navigation. 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.*