



**Bentley Senior Housing Society  
Application for Housing**

**If you are admitted to the suites, do you agree to abide by the rules listed below as well as those posted from time to time?**

1. **Keep my suite clean, orderly, and in sanitary condition to the satisfaction of the Administration Board.**
2. **Failure to pay rent on time is grounds for immediate notice to vacate my suite and terminate my residence.**
3. **Use laundry facilities and equipment only at times set.**
4. **Make good use of facilities and equipment with no abuse.**
5. **Give 30 days notice prior to termination of residence in suite.**
6. **No pets will be allowed (including: reptiles, birds, fish, cats, dogs etc.)**

**Please circle one:      YES                      NO**

**Please list 2 personal character (non related) references:**

**Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Westview Apartments Agreement**

1. **Upon becoming a tenant of the premises of Westview Apartments, I agree that my rent shall be due and payable in advance on the first day of each month. I agree to pay a damage deposit equal to one month's rent.**
2. **I further understand that in the event of health related problems that result in permanent hospitalization, or health issues that cause me to need additional care, that which is provided for at other facilities, it will not be possible for me to remain a resident of Westview Apartments.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**It is recommended that you purchase contents insurance as the building insurance does not cover personal belongings. Please initial that you have read and understand this.      Initials** \_\_\_\_\_

**Note:** Please have your physician complete the Medical Certificate and attach it to this application form.

**Mall to:                      Bentley Senior Citizens Housing Society**

**Box 870  
Bentley, Alberta  
T0C 0J0**

**Applications are kept current for one year, at which time a notice of renewal is required.**

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**DECLARATION**

**I MAKE THIS SOLEMN DECLARATION CONSENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF I MAKE OATH AND BY VIRTUE OF THE CANADA EVIDENCE ACT.**

\_\_\_\_\_  
**Signature of Applicant**

**Declared before me at the \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta,  
this \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_.**

\_\_\_\_\_  
**Commissioner of Oaths in Province of Alberta**

\_\_\_\_\_  
**Printed Name of Commissioner**

\_\_\_\_\_  
**Appointment expiry date**

Bentley, Alberta  
T0C 0J0

**To all Tenants of Westview Apartments**

Please be advised that the Board finds it necessary to remind all tenants that any modifications or upgrades done to the suites, other than those done by the board, being cosmetic or structural in nature must have prior approval of the board. These requests must be in written form. The board will respond in written form to all requests in a timely matter.  
Emergency repairs do not fall under these criteria.

At this time we would also like to ask all tenants to supply the board with updated addresses, phone numbers and emergency contact names and numbers. Some of the forms on file have addresses from the time of application and are from other towns.

Bentley, Alberta  
T0C 0J0

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Bentley Senior Citizen Housing Society

Tenant Name \_\_\_\_\_

Tenant Mailing Address \_\_\_\_\_

Tenant Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Please feel free to list more than one contact name.

**MEDICAL CERTIFICATE  
WESTVIEW APARTMENTS  
Bentley Senior Citizen's Housing Society**

**Description of Westview Apartments**

Westview Apartments are self-contained housekeeping suites for retired people. Outside maintenance, sidewalks and lawn care is provided by the management.

Tenants are responsible for their own housekeeping, preparing meals, buying groceries, and other responsibilities associated with self contained skills. Supervision of tenants is not provided.

**No health care services** are provided for the tenants. This medical certificate is required to determine an applicant's ability to live in the self contained suites.

**Applicant's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**On the following page, please rate the applicant's severity of disability that would influence their ability to live in a self contained suite.**

**Then, based on your assessment of the applicant's level of ability or disability, can they manage in a self contained suite as described?**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**Remarks** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Type of Disability</u>	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
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**MOBILITY**

Limited in ability to walk, move from room to room, carry an object for 10 meters or stand for long periods.

_____	_____	_____	_____
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**AGILITY**

Limited in ability to bend, dress or undress oneself, get in and out of bed or the bath, use fingers to grasp or handle objects, reach or cut own food.

_____	_____	_____	_____
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**SEEING**

Limited in ability to read ordinary newspaper or to see someone from 4 meters, even when wearing glasses.

_____	_____	_____	_____
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**HEARING**

Limited in ability to hear what is being said in conversation with another person or two or more persons, even when wearing hearing aids.

_____	_____	_____	_____
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**COMPETENCE**

Limited in ability to make their own decisions about financial or personal matters.

_____	_____	_____	_____
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**SPEAKING**

Limited in ability to speak and be understood.

_____	_____	_____	_____
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**OTHER**

Limited because of a learning disability, physical or mental health disability.

_____	_____	_____	_____
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Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Medical Doctor** \_\_\_\_\_

Thank you  
 Bentley Senior Citizen Housing Society