

Residency Requirement

To be eligible for these programs, you must have lived in the Foothills Area for the past 6 months.



What program should I apply for?

I am a senior and require affordable housing for my limited income.

Seniors Housing Apartments

Rental Assistance Benefit

Near Market Housing

Seniors' Housing - Apartments

- For Adults over 65+
- Rent is based on income at 30% of gross.
- Rent includes water/sewer and heat. In select units, electricity is paid with rent at a flat rate. Cable may be available at an extra fee.

I am a single parent with children on Income Supports.

Family Housing

Rental Assistance Benefit

Family Housing

- For families with school age children.
- Rent is based on income at 30% of gross or Income Supports rate.
- Located in Okotoks, all three bedroom four-plex units.
- Rent includes water/ sewer and heat. Electricity, cable and internet is the tenant's responsibility.

I am a single parent but find that I am unable to make ends meet.

Family Housing

Near Market Housing

Rental Assistance Benefit

- Funding paid to tenant to offset the cost of rent in the private market.
- Amount of funding depends on community, family composition and utility responsibility.
- Tenant must have ability to pay balance of rent. Income Supports not considered for additional funding.

We are a family with children, currently we have housing, but are willing to move.

Rental Assistance Benefit

Family Housing

Near Market Housing

- Located in Okotoks, Diamond Valley and High River.
- Rent is a set rate that is lower than regular rent for the community.
- Utilities are extra cost to the tenant.
- Can also receive Rental Assistance Benefit for this housing.
- **Applicants must complete a Near Market Application for Housing. This is a different program application.**

Singles, couples, roommates and/or families in need of affordable accommodation.

Near Market Housing

Rental Assistance Benefit

Frequently Asked Questions Regarding Housing:

Q: I have applied for housing, what is the next step?

A: Once your application has been received along with all the supporting documents, you will receive a letter letting you know the status of your application. For your file to remain active, you must contact Westwinds once per year. Unless your information has changed, there is no reason to contact more frequently.

Q: What if there is a change in my situation?

A: You are required to advise the General Manager of any changes in your contact information, change of address, changes in income, the amount of rent you are paying or any changes in your family size.

Q: What are your office hours and where are you located, and can you commission my form?

A: Regular office hours are Monday thru Friday 8:00 am to 4:00 pm. Application forms are required to be signed before a commissioner for oaths, this step can be completed at any of the Westwinds Communities locations. (Locations listed below).

Q: How long will I have to wait for housing and when will you call me?

A: Unfortunately, there is no way to predict when housing will become available. The wait list changes regularly, and housing is offered to the applicant with the highest need for the housing that is available. Please keep your contact information up-to-date and respond to our messages within 24 hours.

Westwinds Communities does not offer emergency housing, emergency funding or assistance with damage deposits.

Forms can be commissioned free of charge at the following locations:

Corporate Office 833-9 Street SW High River, AB T1V 1C3 403-652-8600 403-652-8608 (F)	High Country Lodge 707 Government Road Diamond Valley, AB T0L 0H0 403-933-4028	Sandstone Lodge 101 Centre Court Okotoks, AB T1S 1Y4 403-938-6404	Coal Trail Residences 309-11 Ave NW High River, AB, T1V 0H8 403-652-2475
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Please retain this page for future reference.

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Residency Requirement

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Date:

833-9th Street SW
 High River, AB, T1V 1C3
 403-652-8600, 403-652-8608(F)
www.westwindscommunities.ca
 Email: admin@westwindscommunities.ca

APPLICATION FORM:
 Please check all programs that you wish to apply for:

Seniors Housing – Apartments
 Family Housing
 Rental Assistance Benefit

INSTRUCTIONS FOR COMPLETING APPLICATION:

- Complete ALL questions, supplying ALL the requested information as applicable to the household.
- Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This is a service provided without charge at Westwinds Communities Sites in High River, Diamond Valley, and Okotoks.
- The Application will be processed only when the application has been completed in its entirety and all supporting documents have been received. Along with the application, you are required to provide the following;

Document Checklist: include the documents listed under the program you are applying for:

Seniors Housing – Apartments	Family and Individual Housing	Rental Assistance Benefit
<input type="checkbox"/> Current Income Tax Notice of Assessment Line 15000	<input type="checkbox"/> Current Income Tax Notice of Assessment Line 15000	<input type="checkbox"/> Current Income Tax Notice of Assessment Line 15000
<input type="checkbox"/> If income has changed substantially in the past year, three current months of bank statements.	<input type="checkbox"/> Employment Income for each household member over the age of 22 - pay stubs for past 3 months.	<input type="checkbox"/> Employment Income for each household member over the age of 22 - pay stubs for past 3 months
<input type="checkbox"/> WCB Income	<input type="checkbox"/> ROE if issued in the past 4 weeks.	<input type="checkbox"/> ROE if issued in the past 4 weeks.
<input type="checkbox"/> Pension Income – CPP, OAS, GIS, ASB	<input type="checkbox"/> Adult Health Benefit – copy of approval letter for the current year and medical services card.	<input type="checkbox"/> Adult Health Benefit – copy of approval letter for the current year and medical services card.
<input type="checkbox"/> Alberta Health Care card	<input type="checkbox"/> Employment Insurance or WCB Income	<input type="checkbox"/> Employment Insurance or WCB Income
<input type="checkbox"/> Investment income – attach statement showing the value and interest earned.	<input type="checkbox"/> All other Sources of income – child tax, student loan & grants, AISH, Self-Employment, CPP, child support, spousal support, investment income	<input type="checkbox"/> All other Sources of income – child tax, student loan & grants, AISH, Self-Employment, child support, spousal support, investment income
<input type="checkbox"/> Property – mortgage agreement. If property is being sold verify proceeds to be received. If property is foreclosed, submit supporting letter from bank or lawyer.	<input type="checkbox"/> Current three months of bank statements	<input type="checkbox"/> Current three months of bank statements
<input type="checkbox"/> Lease Agreement.	<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> Lease Agreement
<input type="checkbox"/> Notice to Vacate / Eviction notice.	<input type="checkbox"/> Notice to Vacate / Eviction notice.	<input type="checkbox"/> Notice to Vacate / Eviction
<input type="checkbox"/> Mental health/addictions written confirmation.	<input type="checkbox"/> Alberta Health Care cards for all family members	<input type="checkbox"/> Alberta Health Care cards for all family members
<input type="checkbox"/> Emergency/Family Violence: Attach a letter from an agency, shelter or advocate stating why this is an emergency situation.	<input type="checkbox"/> Housing required for custody confirmation.	<input type="checkbox"/> Housing required for custody confirmation.
<input type="checkbox"/> Medical Form Completed by Family Physician (attached)	<input type="checkbox"/> Mental health/addictions written confirmation.	<input type="checkbox"/> Mental health/addictions written confirmation.
	<input type="checkbox"/> Emergency/Family Violence: Attach a letter from an Agency, shelter or advocate stating why this is an emergency situation.	<input type="checkbox"/> Emergency/Family Violence: Attach a letter from an Agency, shelter or advocate stating why this is an emergency situation.

	Full Name	Preferred Pronoun	SIN	Occupation	D.O.B (MM/DD/YY)
Applicant:					
Co-Applicant's:					
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed		<input type="checkbox"/> Single <input type="checkbox"/> Divorced		<input type="checkbox"/> Separated <input type="checkbox"/> Common-Law
If Common-Law or separated, state how long:					

List all other persons, who will be living with you should your application be approved:

Last Name	First Name	Relationship to Applicant	Birth Date (MM/DD/YY)	Occupation or School Grade

Street Address:			
	(Municipal Address-Unit Number, Street, Avenue)		Postal Code
Mailing Address:			
	(Mailing Address, if different from above)		Postal Code
Length of time in current residence (years)?			
Home Tel.:		Cellular Telephone:	
Business Tel. (best no.):		Email Address:	

Do all the people listed above currently live in the household full-time?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If No, provide the name of the person(s) and number of days per week they live in your household.				
Name	Days/Week	Shared Custody		If not shared custody, reason not living with household full-time
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Are all members listed above Canadian Citizens? If no, provide copies of immigration papers for members who are not Canadian Citizens.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you expect the number of people in your family to change in the next 12 months? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you previously been a tenant of Westwinds Communities or have received a rental subsidy? If yes, provide details (i.e.: name on lease, date of lease, property address, amount of subsidy, reason for leaving)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you currently have money owing to Westwinds Communities?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Housing Preferred Location(s) ranked (1- highest to 4 – lowest) (Only applicable for Seniors Housing Apartments):	
<input type="checkbox"/> Okotoks:____ <input type="checkbox"/> Diamond Valley:____ <input type="checkbox"/> High River:____ <input type="checkbox"/> Other: _____	

Do you own or rent your present accommodation?		<input type="checkbox"/> Own		<input type="checkbox"/> Rent to Own	
		<input type="checkbox"/> Rent		<input type="checkbox"/> Homeless	
Present Monthly Rent or House Payment:		\$		<input type="checkbox"/> Includes utilities	
				<input type="checkbox"/> Does not include utilities	
Do you pay for:	<input type="checkbox"/> Heat – Amount: \$	<input type="checkbox"/> Electricity - Amount: \$	<input type="checkbox"/> water and sewer Amount: \$		
Specify your present accommodation:	<input type="checkbox"/> House		<input type="checkbox"/> Room & Board		<input type="checkbox"/> Other:
	<input type="checkbox"/> Townhouse		<input type="checkbox"/> Hotel or Motel		
	<input type="checkbox"/> Apartment				
Identify the Rooms in your present accommodation:	<input type="checkbox"/> Kitchen		Number of Bathrooms:		
	<input type="checkbox"/> Dining Room		Number of Bedrooms:		
Identify the Rooms in your present accommodation:	<input type="checkbox"/> Living Room				
	<input type="checkbox"/> Other				
Do you share any part of the accommodation with person(s) other than those listed as part of your housing application:	<input type="checkbox"/> No		If yes, how many other people:		What part of the accommodation is shared:
	<input type="checkbox"/> Yes		<input type="checkbox"/> Number of Adults:		
			<input type="checkbox"/> Number of Children:		
Condition of current home:	<input type="checkbox"/> Good Condition		If poor, specify:		
	<input type="checkbox"/> Poor condition				
Do you feel safe in your home? If no, specify:	<input type="checkbox"/> No		If no, specify:		
	<input type="checkbox"/> Yes				
If you do not pay rent, do you contribute financially?	<input type="checkbox"/> No		If yes, specify:		
	<input type="checkbox"/> Yes				
Have you received a legal notice to end tenancy?	<input type="checkbox"/> No		If yes, what date do you have to move by?		
	<input type="checkbox"/> Yes				
Have you received a notice of rent increase in the past 3 months? If Yes, specify amount & include notice.	<input type="checkbox"/> No		Rent Increase \$		
	<input type="checkbox"/> Yes		Amount:		
Do you require housing to secure custody of your children – attach verification by social services?	<input type="checkbox"/> No				
	<input type="checkbox"/> Yes				
<i>The Government of Alberta requires Westwinds to collect this information. Do any members of your household identify as:</i>	No	Yes	Decline to respond		
Indigenous People					
People with disabilities (physical and or developmental)					
Individuals fleeing violence and or trafficking, including leaving second stage shelters (in the last 12 months) – require written confirmation					
People at risk of homelessness or transitioning out of homelessness supports (in the last 12 months)					
People dealing with mental health or addictions – require written confirmation from social services					
Youth exiting government care under age 22					
Veterans					
LGBTQ2S+ people					
Visible minority and or racialized					

Please provide information on your last three landlords:						
Full Rental Address	Date From (dd/mm/yy)	Date To (dd/mm/yy)	Landlord Name	Landlord Telephone	Reason for Leaving	Were you related to the Landlord?
		current			Current residence	<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
Cash on Hand	\$	Cash in Bank Accounts	\$	Other Assets (detail type & amount):		
RRSP's, Stocks, Bonds, Mutual Funds, Other Investments	\$	Real Estate Holdings	\$	Mortgage Owing	\$	
Loans/credit cards and outstanding amounts:		Do you lease your vehicle?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When does your vehicle leasing end?		
Vehicles (make, model, year)			Vehicle Financing Owing and end date of financing	\$		
Are any members of the household currently employed full-time? Please attach paystubs.					<input type="checkbox"/> No <input type="checkbox"/> Yes	

NOTE: Essential personal and household effects such as clothes furniture, etc. are not included in assets.

Do you have ownership in a business:	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, list business name and address:	
Please explain your reasons for applying for affordable housing/Rental Assistance Benefit that will assist us in the assessment of your application (<i>attach paper if required</i>):	

Seniors and Family Housing Applicants Only:			
Can all household members comply with Westwinds non-smoking policy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you have a pet(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
My animal is a service animal. If yes, please provide documentation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
I am willing to find a new home for my pet?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is any member of your family physically challenged?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you require a barrier free unit?	<input type="checkbox"/> No <input type="checkbox"/> Yes

<i>The Government of Alberta requires Westwinds to collect this information. Do any members of your household identify as:</i>	No	Yes	Country of Origin
Recent immigrant or refugee in the last five years? If yes, please provide documentation. Please indicate country of origin.	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency and Other Contacts – may include relatives, next of kin, friends who are not living with you.				
Name		Telephone & email		Relationship
Name		Telephone & email		Relationship
Support Worker Name		Telephone & email		Agency Name:
Do you consent to Westwinds Communities contacting your listed support worker on your behalf?				<input type="checkbox"/> No <input type="checkbox"/> Yes
CONSENT TO RECEIVE EMAILS AND NOTIFICATIONS. Do you consent to communicating via email with Westwinds Communities regarding your application and supporting documents? All correspondence via email and any personal information provided will be kept strictly confidential.				<input type="checkbox"/> No <input type="checkbox"/> Yes

I / We		, of the	
Of		In the Province of Alberta, to solemnly declare as follows:	
1. That I/We am/are the applicant(s) named in the said application;			
2. The I/We have resided in the Province of Alberta for <input type="text"/> years of my/our life / lives and in the District for <input type="text"/> Years;			
3. I/We understand that this application does not constitute an agreement on the part of Westwinds Communities, or its agents, to provide me with accommodation or a rental subsidy;			
4. I/We further agree that I/We am/are obligated to advise Westwinds Communities, or its agents, in writing, or any changes in family composition, gross family income, assets, employment or change of address, should they occur; and			
5. The personal information collected through this application form is for the purpose of assessing your suitability for housing services with Westwinds Communities. This collection is authorized under section 4(c) of the Protection of Privacy Act, as it relates directly to and is necessary for an operating program of the public body. For questions about the collection of personal information, contact admin@westwindscommunities.ca .			
And I/We make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".			

Signature of Applicant		Signature of Applicant (All applicants over the age of 18 years must sign)		Signature of Applicant	
Declared before me at the		of		In the Province of Alberta	
This		Day of		Year, 20	
My Appointment expires on (Day/Month/Year):					
Printed Name of Commissioner for Oaths:					
Signature (A Commissioner of Oaths in the Province of Alberta):					



Seniors Housing Application - Medical Report

(TO BE COMPLETED BY FAMILY PHYSICIAN- Retirement & Independent living programs)

Please return completed form to:
Westwinds Communities, 833-9 Street SW, High River, AB T1V 1C3
P: 403-652-8600 F: 403-652-8608 E: admin@westwindscommunities.ca

Applicant:	Last Name:	Given Name:
Date of Birth: (MM/DD/YY)		Alberta Health Care Number:
Date of Last Examination:		Last Annual Physical:

Physicians Name:(printed)			
Address:			
	Street/Box	Town/City	Postal Code
Office Phone:		Date of Examination:	
Hospital Affiliation:		Physician's Signature:	

Authorization For Release Of Medical Information

I hereby authorize the release of information requested by Westwinds Communities and waive any and all claims against the person or organization releasing the report, or any of its officers, servants, agents, staff members or employees for any purpose whatsoever in connection with the communication and disclosure of the said information.

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Applicants Signature:		Date:	
Witness:		Date:	

Is the Applicant's current health stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant had serious medical issues within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" please provide details and current management:	

Does the Applicant Have:	Yes	No	Applicant ability to manage without assistance:
Pacemaker			
Colostomy Bag			
Oxygen			
Ileostomy Bag			
Artificial Limb			
Other Aids to Daily Living (specify)			

Hearing	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	<input type="checkbox"/> Absent	<input type="checkbox"/> Hearing Aid
Visual	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	<input type="checkbox"/> Absent	<input type="checkbox"/> Good with Glasses
Mobility	<input type="checkbox"/> Excellent – no mobility aid		<input type="checkbox"/> Good – minimal help with mobility aid	
	<input type="checkbox"/> Good – but dependent on mobility aid		<input type="checkbox"/> Uses a wheelchair and can transfer in/out	
	<input type="checkbox"/> Confined to a wheelchair			
	Check any of the following mobility aids and frequency of use:			
	<input type="checkbox"/> Cane	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Walker <input type="checkbox"/> Regular <input type="checkbox"/> Occasionally
	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Electric or	<input type="checkbox"/> Manual	<input type="checkbox"/> Regular <input type="checkbox"/> Occasionally
	<input type="checkbox"/> Scooter	<input type="checkbox"/> Electric or	<input type="checkbox"/> Manual	<input type="checkbox"/> Regular <input type="checkbox"/> Occasionally
Special Diet	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Cut-up Food	<input type="checkbox"/> Low Cholesterol	<input type="checkbox"/> Gluten Free
	<input type="checkbox"/> Low Fat	<input type="checkbox"/> Minced Food	<input type="checkbox"/> Pureed	<input type="checkbox"/> Other:
Allergies	<input type="checkbox"/> Food	<input type="checkbox"/> Medication	<input type="checkbox"/> Environment Describe:	

Seniors Housing Application - Medical Report

Does the Applicant have any of the following disorders/conditions?

Condition	Current		If "yes" please provide particulars (please attach addition informal if required)
	Yes	No	
Heart Disease			
High Blood Pressure			
Stroke			
Diabetes			
Arthritis			
Epilepsy			If yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Renal Failure			If yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Incontinence (bladder)			If yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Incontinence (bowel)			If yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Respiratory Deficiencies			
Parkinson's Disease			If yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Cognitive Impairment			If yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Signs of Memory Loss			<i>If yes, provide a copy of MMSE or MOCA, please explain</i>
Alzheimer's Disease			If yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Wandering			
Mental Illness			
Uncontrolled, Aggressive or Violent Behaviour			
Socially inappropriate or Disruptive behaviour			
Depression			
Alcohol or Drug Abuse			If yes, <input type="checkbox"/> Past <input type="checkbox"/> Present Details:
Infectious Diseases			If yes, Type:
Smoking			
Tuberculosis			
Nutritional Deficiencies			
Communication Difficulty?			Due to: <input type="checkbox"/> Mental Causes <input type="checkbox"/> Deafness <input type="checkbox"/> Speech Impediment <input type="checkbox"/> Language Barrier Details:
Issues with Falling?			
	Yes	No	Comments
Administer own medications			
Physically manage care including dressing			
Maintain appropriate level of personal hygiene			
Socially fit in and interact with other seniors			
Does the Applicant require Home Care Services?			
Is there any other support agency involved?			
Seniors Retirement Living (Lodge) Applicants only			
Is the Applicant able to independently ambulate to and from dining room in the lodge setting?			
Live in a lodge setting without assistance such as reminders and prompting			

Any special concerns that have not been captured on the medical form, please attach explanation on a separate page.