



Seniors Financial Assistance Application

Please review the checklist on Page 5 before submitting your application.
Please print your information in the boxes.

Section 1 — Personal Information

APPLICANT

Personal Health Number Social Insurance Number Date of Birth (YYYY MM DD)

Mr. Mrs. Miss Ms. Other (specify)

Last Name

First Name

Middle Name

Phone Number Alternate Phone Number

SPOUSE/PARTNER (required — even if spouse is not 65; includes Common Law/Adult Interdependant Partner)

Personal Health Number Social Insurance Number Date of Birth (YYYY MM DD)

Mr. Mrs. Miss Ms. Other (specify)

Last Name

First Name

Middle Name

Section 2 — Citizenship

	Applicant	Spouse/Partner
Are you a Canadian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you a landed immigrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are a landed immigrant, please provide copies of your Canada entry document(s) or permanent resident card(s) (front and back). If you moved to Alberta within the past 24 months, please provide the date you moved below.

Applicant: Spouse: Y Y Y Y M M D D Y Y Y Y M M D D





Section 3 — Residence

APPLICANT

Home Address

Suite, Apartment and Street Address or RR Number

City, Town or Village

Province

Postal Code

Mailing Address (complete if you receive your mail somewhere other than where you live, e.g. PO Box)

Suite, Apartment and Street Address or RR Number

City, Town or Village

Province

Postal Code

Type of Residence (used to calculate your eligibility for the Alberta Seniors Benefit and Special Needs Assistance for Seniors programs)

Please check (✓) if you are a:

Homeowner _____
(Legal land description — eg. plan, lot, block)

Renter _____
(Building name, name and phone number of landlord)

Renting from family _____
(Name, address, phone number of landlord and relationship)

Resident of a seniors lodge _____
(Name and phone number of lodge)

Resident of a nursing home, auxiliary hospital, long-term care centre or designated assisted living facility _____
(Name and phone number of facility)

Date of Admission:
 Y Y Y Y M M D D

Status Indian living on a reserve

Other (e.g. living rent free with family members), please explain _____

SPOUSE/PARTNER (if different than above)

If your home address, mailing address and/or residence type is the same as the applicant's, please check (✓) this box and continue to Section 4.

If your home address, mailing address and/or residence type is different, please explain and provide your residence information.



Section 4 — Old Age Security

Do you receive Old Age Security? Applicant Spouse/Partner
 Yes No Yes No

If yes, provide a photocopy of your Old Age Security (OAS) Notice of Entitlement letter.

If no, have you applied for OAS? Yes No Yes No

If you and/or your spouse/partner (if applicable) have not applied for OAS please indicate the reason why. For example, still working, deferred, etc.

Section 5 — Direct Deposit (to receive Alberta Seniors Benefit and Special Needs Assistance)

If you are eligible for a benefit, it will be deposited directly into your bank account. Please attach a blank cheque with your name, current address and account number preprinted by your financial institution. Please print VOID across the front of the blank cheque as shown below. Your spouse/partner must be 65 or older to receive a payment.

FAILING TO SUBMIT YOUR BANK INFORMATION WILL RESULT IN YOUR PAYMENT BEING DELAYED.

If you do not have a preprinted personalized cheque, please visit our website at www.seniors-housing.alberta.ca or call 1-877-644-9992 for a direct deposit form.

APPLICANT
PLEASE ATTACH VOID CHEQUE HERE

The image shows a sample of a void cheque. At the top, it says 'Name/Nom' followed by 'P.O. Box/C.P. 000' and 'City/Ville, Canada HOH 010'. A grey box with the text 'Example/Exemple' is placed over the name. To the right, it says 'Cheque No. 0000000' and 'N° de cheque'. Below this, it says 'Pay to the order of / Payez à l'ordre de' followed by a line with a scribble and '\$' followed by another line with a scribble. Below that, it says 'Dollars'. At the bottom, it says 'Signature' followed by a line with a scribble. At the very bottom, there are three MICR lines: '⑈000000⑈', '⑆000000⑆00⑆', and '0000⑆000000⑆'. A large, stylized 'Void' is written across the center of the cheque.

SPOUSE/PARTNER (if age 65+ or soon to be 65)
PLEASE ATTACH VOID CHEQUE HERE

This is an identical example of a void cheque as shown above, but it is intended for a spouse or partner. It includes the same fields for name, address, cheque number, payee, amount, and signature, with a large 'Void' written across the center.

Section 6 — Signatures

- 1. I authorize the Canada Revenue Agency to release information required from my tax file to the Alberta Ministry of Seniors and Housing. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility, for benefits under the *Alberta Seniors Benefit Act* (c. S-7 RSA 2000), and the general administration and enforcement of the benefit programs. This authorization is valid for two taxation years prior to the year of signature of this consent, the current taxation year and for each subsequent consecutive taxation year for which assistance is requested. I understand that if I wish to withdraw this consent and withdraw from benefit programs under the *Alberta Seniors Benefit Act*, I may do so by writing to the Alberta Ministry of Seniors and Housing.
- 2. I declare that the information provided in this application is correct and complete. I understand that incorrect reporting may result in receiving funds for which I am not eligible and I may be required to repay them.

This application will not be processed for the Alberta Seniors Benefit, Dental and Optical Assistance or Special Needs Assistance programs if the authorization and declaration above has been altered or has not been signed by the applicant and spouse/partner (if applicable) or trustee (if applicable).

X _____
Signature of Applicant/Trustee

Date (YYYY MM DD)

X _____
Signature of Spouse/Partner/Trustee
 (Signature required even if spouse/partner is not 65)

Date (YYYY MM DD)

Section 7 — Declaration of Trustee/Power of Attorney (if applicable)

I declare that I have legal authority to act as Trustee/Power of Attorney for the applicant and/or the applicant's spouse/partner for the purpose of this application and receipt of benefits under the *Alberta Seniors Benefit Act*. I have ensured the applicant, spouse/partner or trustee has signed Section 6 of the Authorization and Declaration (see above) and will undertake to comply with these conditions on behalf of the applicant and/or the applicant's spouse/partner.

 Signature of Trustee/Power of Attorney

 Name (please print)

Please provide photocopies of Trustee/Power of Attorney documents.

Trustee Address

 Suite, Apartment and Street Address or RR Number

 City, Town or Village

 Province

 Postal Code

 Phone Number

 Alternate Phone Number

Section 8 — Collection of Personal Information

For further information about the collection of your personal information, please refer to the *Seniors Financial Assistance Programs Information Booklet*.

Section 9 — Checklist of items to include with your Application

Please provide a photocopy of all documents you submit with your application and do not send originals.

- Birth certificate(s) for **both** applicant and spouse/partner (**even if spouse is not 65**)
*If you are submitting a birth certificate from a country other than Canada please be sure to also include a photocopy of **one of the following**: your Canada Entry document(s) **OR** permanent resident card **OR** citizenship documentation (if applicable)*

If you do not have a birth certificate, one of the following documents will be accepted:

- Baptismal Certificate
- Canada entry document
- Permanent resident card (front and back)
- Old Age Security Notice of Entitlement letter
- Canadian citizenship card (front & back)
- Indian status card
- Passport

- Landed Immigrants: Canada entry document(s) or permanent resident card(s) (front and back)

- Trustee/Power of Attorney documents, if applicable

- Signature of applicant and spouse/partner in Section 6.

Please note, if you and/or your spouse/partner have chosen to defer receipt of OAS, you are not eligible for the Seniors Financial Assistance Programs.

ALBERTA SENIORS BENEFIT

- A photocopy of your Old Age Security (OAS) Notice of Entitlement letter. This letter is sent out closer to your 65th birthday after you have been approved for OAS. It also indicates the month/year you are eligible for OAS.
- Personalized cheque with VOID written across it or a Direct Deposit form completed by your financial institution for direct deposit
- Your previous year's income will be obtained from CRA. However, if you expect your current year's income to be significantly lower than your previous year's income, you may submit an **estimate of your current year's income**. Please complete the Income Estimate Form available online at www.seniors-housing.alberta.ca or call the Alberta Supports Contact Centre Line toll-free at 1-877-644-9992 or 780-644-9992 in the Edmonton area to request a form.

DENTAL AND OPTICAL ASSISTANCE FOR SENIORS

You may be eligible for assistance through the Dental and Optical Assistance for Seniors programs for basic dental and optical coverage. See the *Seniors Financial Assistance Programs Information Booklet* for more information or visit our website at www.health.alberta.ca

SPECIAL NEEDS ASSISTANCE FOR SENIORS

If you are eligible for the Alberta Seniors Benefit, you may also be eligible for assistance through the Special Needs Assistance for Seniors program for assistance with the cost of appliances, certain health and personal supports. See the *Seniors Financial Assistance Programs Information Booklet* for more information.

For a list of eligible items (appliances, certain health and personal supports), visit our website at www.seniors-housing.alberta.ca or call the Alberta Supports Contact Centre Line toll-free at 1-877-644-9992 or 780-644-9992 in the Edmonton area to request a *Special Needs Assistance for Seniors Information Booklet*.