

EASTERN HEALTH COTTAGE APPLICATION

All cottages listed below are smoke free and pet free.

Application for Admission to:

- Bluecrest Cottages, Grand Bank
- Golden Heights Manor Cottages- Bonavista.
- Lion's Manor Cottages- Placentia
- Trinity Conception Regional Housing Complex- Old Perlican

Requirements:

1. Applicants must be:
 - **60** years of age. In the case of co-applicants, at least one must be 60 years of age**OR**
 - involuntarily retired from the workforce and **50** years of age or older.
2. Applicants must not have an income of over \$32,500 per year.
3. Applicants must live in Newfoundland and Labrador continuously six months prior to application.
4. Applicants must be able to live independently.

Complete Applications Include:

- Application Form
- Signed Declaration

Verification of Income including :

- Applicant and co-applicant's Income- For verification of Old Age Security, contact Income Securities at 1-800-277-9914 and request a print out.
- Income Deduction Summary Statement (Option C printout)- Contact Revenue Canada at 1-800-959-8281 to request this form

Please Note:

- All applications are kept strictly confidential.
- Applications must be printed in ink
- Applicants are required to keep their application up-to-date (e.g.: address, telephone number, Financial information, etc.).
- Applications received that are "incomplete" (*without financial information*) will be returned to the applicant for completion and will not be reviewed until everything is included.
- Once the application is completed, forward to the address below:

Placement Services
St. Patrick's Mercy Home
Eastern Health
146 Elizabeth Avenue
St. John's NL A1B 1S5

Eastern Health Cottage Application



Please check off (X) which cottage/cottages you are applying for:

- Bluecrest Cottages, Grand Bank
- Golden Heights Manor Cottages- Bonavista.
- Lion's Manor Cottages, Placentia
- Trinity Conception Regional Housing Complex- Old Perlican

APPLICANT 1:

Name : _____
Surname First Name Middle Initial

Street/Apt./P.O.Box _____ Town/City: _____

Province: _____ Postal Code: _____

Telephone #: _____ Cell # _____ Date of Birth: _____

Gender: Male Female Day Month Year

Married Single Widowed Separated Divorced Common Law

Ethnic Origin: Native ___ Non-Native ___

Describe any special needs (e.g. medical) or housing circumstances (ie. eviction notice) : _____

Do you receive any home support? Yes ___ No ___

Name of Landlord (if you do not own your home): _____ Phone: _____

Move in date: (d/m/y) _____

Monthly Payments for Present Accommodation:

- a) Monthly mortgage/rent payments \$ _____
- b) Average monthly cost of heat and hot water \$ _____
- c) Total monthly payments (a + b) \$ _____

APPLICANT 2:

Name : _____
Surname First Name Middle Initial

Gender: Male Female Date of Birth: _____
Day Month Year

Married Single Widowed Separated Divorced Common Law

Ethnic Origin: Native ___ Non-Native ___

Describe any special need (e.g. medical) or housing circumstances (ie. eviction notice) : _____

Do you receive any home support? Yes ___ No ___

Please provide contact information if different from Applicant 1:

Street/Apt./P.O.Box: _____ Town/City: _____

Province: _____ Postal Code: _____

Telephone #: _____ Cell # _____

DECLARATION

1. I/We declare the above information provided in this application to be complete and true.
2. I/We authorize Eastern Health to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel this application. I/we further agree that such action will be without penalty or liability for damages.
3. I/We authorize Eastern Health to initiate a further assessment of the eligibility of the applicant.
4. I/We understand that this application does not constitute an agreement by Eastern Health or its representatives to provide me with accommodation.
5. I/We acknowledge that this application becomes the property of Eastern Health upon delivery by me to it or its representative.
6. I/We further acknowledge the right of Eastern Health or its representative, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise any acceptance or approval of this application made or given.
7. I/We further acknowledge the release of required information to Newfoundland & Labrador Housing (NLHC) or Canada Mortgage & Housing Corporation (CMHC) to meet our requirements of our written agreements with these agencies. The specific information includes: gender; marital status; year of birth; native ancestry (yes or no); disability (yes or no); support services – example: home care, Meals on Wheels (yes or no); year the household moved into the unit; whether household members have income and the gross monthly amount from pension, Department of Human Resources Labour and Employment, wages/EI, or other income; total (gross monthly) household income; monthly rent; electricity; laundry; total rent.
8. I/We agree to notify Eastern Health of any changes to the information contained in the application.

Applicant

Witness

Date

Date

Applicant

Witness

Date

Date