



Section 3 — Residence

APPLICANT

Home Address

Grid of 25 boxes for address input

Suite, Apartment and Street Address or RR Number

Grid of 20 boxes for City, Town or Village

City, Town or Village

Grid of 2 boxes for Province

Province

Grid of 5 boxes for Postal Code

Postal Code

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

Grid of 25 boxes for address input

Suite, Apartment and Street Address or RR Number

Grid of 20 boxes for City, Town or Village

City, Town or Village

Grid of 2 boxes for Province

Province

Grid of 5 boxes for Postal Code

Postal Code

Type of Residence (used to calculate your eligibility for the Alberta Seniors Benefit, Education Property Tax Assistance for Seniors, 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 or friends _____
(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: YY YY MM DD

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.

Two horizontal lines for explanation and residence information





Section 4 — Income Information

Please provide your Social Insurance Number and we will obtain your income information directly from the Canada Revenue Agency (CRA).

Applicant

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Social Insurance Number

Spouse/Partner

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Social Insurance Number

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.alberta.ca or call the Seniors Information Line toll-free 1-800-642-3853 or 780-427-7876 in the Edmonton area to request a form.

Section 5 — Old Age Security

Applicant

Spouse/Partner

Do you receive Old Age Security?

Yes No

Yes No

If no, when will you be eligible to receive Old Age Security?

Y Y Y Y M M D D

Y Y Y Y M M D D

Section 6 — Direct Deposit (Alberta Seniors Benefit only)

Direct deposit offers the following advantages:

- Your deposit will always **be on time**
- Your payment will not be lost, stolen or damaged in the mail
- Your payment will not be subject to postal delays

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. Your spouse/partner must be 65 or older to receive a payment.

If you do not have personalized cheques, please complete a Direct Deposit Form. The form can be obtained from our website at www.seniors.alberta.ca or by calling the Seniors Information Line toll-free 1-800-642-3853 or 780-427-7876 in the Edmonton area.

To avoid unnecessary delays, please submit your direct deposit information with your application.



Section 7 — Signatures

1. I authorize the Canada Revenue Agency to release information required from my tax file to the Alberta Ministry of Seniors and Community Supports. 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 Community Supports.
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 changed or has not been signed by the applicant and spouse/partner (if applicable) or trustee (if applicable).

X _____
Signature of Applicant/Trustee

Y Y Y Y M M D D
Date

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

Y Y Y Y M M D D
Date

Section 8 — 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 7 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)

Trustee Address

Suite, Apartment and Street Address or RR Number

City, Town or Village

Province

Postal Code

_____-_____-____

Phone Number

_____-_____-____

Alternate Phone Number

Section 9 — Collection of Personal Information

For further information about the collection of your personal information, please refer to Page 14 of the *Seniors Financial Assistance Information Booklet*.

Section 10 — 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.

- Signature of applicant and spouse/partner in Section 7 (Not required if **only** applying for the Education Property Tax Assistance for Seniors Program)
- Birth certificate(s) for **both** applicant and spouse/partner (**even if spouse is not 65**)
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

ALBERTA SENIORS BENEFIT

- A photocopy of your Old Age Security (OAS) Notice of Entitlement letter
If you do not have an entitlement letter, one of the following documents will be accepted:
 - an OAS cheque or cheque stub received within the last three months
 - your most current T-slip issued by OAS
 - your OAS card (front and back)
- Personalized cheque with VOID written across it or a Direct Deposit form completed by your financial institution for direct deposit

DENTAL AND OPTICAL ASSISTANCE FOR SENIORS

No additional documentation is required

EDUCATION PROPERTY TAX ASSISTANCE FOR SENIORS

- Photocopy of property tax notices for the previous and current tax years

SPECIAL NEEDS ASSISTANCE FOR SENIORS

If you have a need for the common items below, complete this section after referring to **Page 11** of the *Seniors Financial Assistance Information Booklet*. Receipts may be required.

Appliance — one item per year, maximum amount indicated in brackets

- Dryer (\$500)
- Fridge (\$800)
- Microwave (\$200)
- Stove (\$900)
- Television (\$400)
- Vacuum (\$300)
- Washer (\$600)

Medical — maximum amount indicated in brackets

- Hearing Aid (\$1200 each less AADL allowance)
- Podiatrist (\$25/month)
- Nutritional Beverages (\$180/month)

Home Repair — maximum amount indicated in brackets

- Exterior Door (\$500 each — max. 2 doors)
- Hot Water Tank (\$700)

Personal — maximum amount indicated in brackets

- Bed (\$700)
- Lift Chair (\$800)
- Personal Emergency Response Service (\$40/month for monitoring; \$80 for installation)