



# **Cold Lake Lodge**



# **Application Package**

**LAKELAND LODGE AND HOUSING FOUNDATION**

**COLD LAKE LODGE  
120 – 16<sup>TH</sup> STREET  
COLD LAKE, ALBERTA  
(780) 639-3495**

**APPLICATION FOR LODGE ADMISSION  
COLD LAKE LODGE**

**GUEST INFORMATION**

<b>APPLICANT:</b>	<b>CO-APPLICANT (IF APPLICABLE)</b>
Full Name:	Spouse's name:
Address:	Address:
City:	City:
Province:                      Postal Code:	Province:                      Postal Code:
Telephone:	Telephone:
Date of Birth (D/M/Y):                      Age:	Date of Birth (D/M/Y):                      Age:
Length of Residence:        _____ Alberta        _____ Canada	Length of Residence:        _____ Alberta        _____ Canada
Alberta Health Care:	Alberta Health Care:
Old Age Security/Social Insurance:	Old Age Security/Social Insurance:
Email Address:	Email Address:

**\*COLD LAKE LODGE IS A NON-SMOKING FACILITY\***

Type of Accommodations required (Please 

- Single A (374 Sq Ft)                       Couple C (452 Sq Ft)
- Single D (403 Sq Ft)                       Couple E (533 Sq Ft)
- Wheelchair Assessible                       Couple F (542 Sq Ft)

When are you prepared to move in:                       Move in Date: \_\_\_\_\_  
(if not immediately please give approximate date)

**Application Process:**

**Applicants must be a minimum of 65 years of age, be functionally independent, meet the eligibility requirements listed on the terms and conditions, provide a completed application and medical form and attend an interview with management personal to determine their suitability for residency. Once they have fulfilled the above requirements they will be placed on a waiting list according to the point scoring standards in the Social Housing Accommodation Regulation.**

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**NEXT OF KIN / EMERGENCY CONTACTS:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse: \_\_\_\_\_

**TRUSTEESHIP / GUARDIANSHIP:** Do you have?

1. A Guardian:  Yes  No

If yes, please specify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. A Trustee:  Yes  No

If yes, please specify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Someone with Power of Attorney:  Yes  No

If yes, please specify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. An Executor for your Will:  Yes  No

If yes, please specify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5. A Personal Directive in place:  Yes  No

If yes, please specify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**GOVERNMENT SURVEY INFORMATION:**

The following information will be collected by the Lodge and provided to Lakeland Lodge and Housing Foundation in order to complete annual Government Surveys.

Marital Status  Married  Widowed  Single  Divorced  Separated

Are you receiving the Alberta Seniors Benefit?  Yes  No

Please check any/all of the following health concerns that apply to you:

- Incontinence
- Alcohol or other substance abuse
- Oxygen
- Mobility: use of walker, cane, wheelchair, scooter \_\_\_\_\_
- Other: \_\_\_\_\_
- Hearing
- Sight
- Allergies \_\_\_\_\_
- Seizures
- Diabetes

Present Accommodations:

House  Apartment  Senior's Self-Contained Unit  Other (specify): \_\_\_\_\_

Most recent Landlord's name: \_\_\_\_\_

**LODGE ASSISTANCE PROGRAM INFORMATION:**

For Lakeland Lodge and Housing Foundation to qualify for the Lodge Assistance Program, we require a copy of the most current Notice of Assessment provided by Revenue Canada. Failure to provide this document will result in a delay of the application process.

TAX ASSESSMENT PROVIDED? YES NO

Based on your current Notice of Assessment from Revenue Canada, your rental rate will be: \$ \_\_\_\_\_. This rate is subject to change based on your current year's tax assessment. If the current year's tax assessment is higher than \$28,650.00 you are not eligible for the LAP Grant (\$398.00) and will be required to cover these costs personally.

Rent	\$ _____	Fees due on 1 <sup>st</sup> of each month
Laundry	\$ _____	Fees due on 1 <sup>st</sup> of each month with Rent
TOTAL	\$ _____	

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# COLD LAKE LODGE

## RESIDENTIAL TENANCY AGREEMENT

between

\_\_\_\_\_  
(the "Resident")

--and--

LAKELAND LODGE AND HOUSING FOUNDATION  
(the "Landlord")

### 1. Premises

The Landlord agrees to rent to the Resident and the Resident agrees to rent from the Landlord a room in Cold Lake Lodge located in the City of Cold Lake at 120 – 16th Street.

The room means the room occupied by the Resident and includes access to all common areas and services provided by the Landlord.

The Landlord shall designate the room that will be occupied by the resident.

### 2. Term (month-to-month)

The term of this agreement is from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (the starting date) to the last day of the same month and continuing on a month-to-month basis thereafter.

### 3. Rent and Utility Services

**3.1** The Resident shall pay rent in advance, on or before the first day of each month.

**3.2** The rates charged for lodging shall be determined in accordance with a formula set from the appropriate Provincial Government regulations.

**3.3** Rental rates are established by Lakeland Lodge and Housing Board of Directors and are reviewed annually. A one (1) month written notice of increase will be given to the Resident.

**3.4** In addition to the basic lodge rent, the Foundation may impose a charge for any services or facilities provided to a senior citizen household in addition to lodge accommodations. With the exception of all normal utility costs not including air conditioners, and car plug ins. Charges for these additions shall be payable on or before the first day of each month.

**3.5** Please see the Fee Schedule in application package for rates. Notice period for rate increases is 30 days.

### 4. Landlord obligation

The Landlord agrees to provide:

**4.1** Breakfast, lunch, supper and snacks in the common dining area of the Lodge each day.

**4.2** Basic room furnishing if required and if available.

**4.3** General housekeeping (Monday thru Friday only) in the room and bathroom once a week, a thorough room cleaning once a year, including walls and blinds.

**4.4** Clean linens and bedding weekly, towels and facecloths as required.

**4.5** Lodge staffing 24 hours, 7 days a week.

## **5. Tenants Obligation**

Tenant agrees:

- 5.1** To keep their room tidy, their drawers and knickknacks cleaned and dusted on a regular basis and free of all possible fire and safety hazards.
- 5.2** To abide by all rules and regulations as set for time to time by the lodge in which the resident resides and all health, fire and police regulations of the Province of Alberta and of the Municipality.
- 5.3** To use and occupy the Premises only as a private residence and not to use it for any business or commercial enterprise.
- 5.4** That the Foundation, its agents or employees, shall not be responsible for any loss, damage, or destruction of any property owned by the resident.
- 5.5** To forthwith reimbursement on demand for any damages to or destruction to Foundation property by the resident and or family.
- 5.6** To update the names and numbers of their Executor, Guardianship, Trustee, Power Of Attorney and Personal Directive with the Lodge Manager.
- 5.7** That only food, lodging and laundry services are being provided by the Foundation. No special services whatsoever are being provided by Lakeland Lodge and Housing Foundation, its employees, or its agents. Special services include nursing care or home care.
- 5.8** That should such special care become necessary, the resident and or the resident's family will seek alternate accommodations.
- 5.9** That should the resident exhibit one or more of the following criteria's the resident/family will agree to reassessment and or alternate accommodations/care, as per Managed Risk agreement policy.
  - 5.9.1 Mobility is impaired to the point where the residents' safety and the safety of others are at risk.
  - 5.9.2 Mental confusion and wandering.
  - 5.9.3 Unable to manage activities of daily living beyond the assistance that Home Care can provide (Personal care/Toileting).
  - 5.9.4 Unmanageable incontinence/bowel.
  - 5.9.5 Absence of over 60 days that has not been previously approved by the Landlord. Excessive Hospitalization.
  - 5.9.6 Smoking within the Lodge (other than designated smoking areas). Cigarettes or vaping.
  - 5.9.7 Alcohol/Drug abuse which the resident refuses to obtain treatment for or treatment is ineffective.
  - 5.9.8 Significant disruption of the daily life of other residents.
  - 5.9.9 Theft, dishonesty, destructive behaviour
  - 5.9.10 Verbal and or physical abuse and or improper sexual behaviour directed towards an employee and or resident. Inappropriate or offensive behaviour.
  - 5.9.11 Wilful destruction of property, including that of other residents and of the Landlord.
  - 5.9.12 Non-compliance with Landlord policies.
  - 5.9.13 Medication Assistance refused or failed.

## **6. Termination of Residential Tenancy Agreement**

### **6.1 Termination by Resident.**

The resident may terminate this agreement by giving the Landlord notice in writing on or before the first day of a tenancy month, to be effective on the last day of that tenancy month. Should the resident fail to provide such notice, the resident shall be responsible for the rental rates required for the proper notice for that tenancy month.

## 6.2 Termination by Landlord.

Any of the situations listed in section 5.9 may lead the Landlord to determine that the resident is unsuitable to remain in residence. Upon this determination, the Landlord shall be entitled to initiate termination of residency. The criteria upon which the above decision will be based are as follows:

6.2.1 If a resident is non-compliant with the Lodge's rules, policies and regulations; at the discretion of the Foundation certain actions could result in immediate termination of this lease agreement and the eviction of the resident without prior notice. Depending on the severity of the event/s the process would include:

6.2.2 Verbal warning and discussion with the resident, which will be documented and a copy given to the offending resident as well as a copy to his/her family.

6.2.3 If the situation is unresolved, written notice to vacate the premises within 30 days will be given.

6.3 The Landlord has the authority to terminate tenancy immediately if the resident is likely to harm themselves, other residents, visitors or staff. Should a resident be served with notice, the resident and/or the resident's family will be responsible to procure alternate living arrangements effective immediately.

## 7. Reassessment

7.1 In the event that the resident is hospitalized or absent for any period of time for medical reasons, the Landlord shall be entitled to review the suitability for residency prior to returning to the Lodge.

7.2 The Landlord may at any time direct that an assessment be conducted to determine the suitability of the resident for continued residency.

## 8. Insurance

Resident will be responsible for obtaining insurance on their personal property as well as maintaining adequate general liability insurance to cover water damages, vandalism, fire, or theft of personal property, legal claims against the resident or damage to the Premises caused through the fault or negligence of the resident or members of the resident's family or friends. A copy of the insurance policy must be provided to the Landlord prior to occupancy and proof of renewal provided on an annual basis.

## 9. Pets

No pets. In the event that the Landlord discovers a pet being kept on the premises they reserve the right to terminate the tenancy immediately.

## 10. Other Regulations and Rules

The tenant shall obey the rules and regulations made from time to time by the Landlord for the premises of the building regarding the use, care and cleanliness of the premises, the fittings, fixtures and all appliances found therein, and the parking area, grounds and facilities of the building, whether such rules and regulations be delivered to the Resident or posted on the facilities and grounds of the building.

**11.** This agreement shall be binding upon the heirs, executors, administrators and assigns of the resident.

The parties have signed this Residency Agreement on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at Cold Lake Lodge, Cold Lake, Alberta.

**I (WE) HAVE READ AND I (WE) UNDERSTAND AND I (WE) AGREE TO COMPLY WITH THE RULES AND REGULATIONS.**

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Family Member/Guardian (Please PRINT)

\_\_\_\_\_  
Co-Resident



**COLD LAKE LODGE**  
**AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

I, \_\_\_\_\_, authorize the Lakeland Lodge and Housing Foundation to exchange information concerning my health and social needs with the Lakeland Regional Health Authority, its agents and employees, health professionals and any other agency, social service provider or my designated emergency contacts.

I understand that this information will be kept confidential and will be used only in my best interest for accessing my health and social needs for planning services to meet those needs and for determining appropriate housing for me.

I release the Lakeland Lodge and Housing Foundation, its employee's and agents, for all claims which may arise as a result of the release of the information described above.

This authorization shall be valid during the time that I am a resident in Lakeland lodge and Housing Foundation housing unless terminated at an earlier date by myself in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Lakeland Lodge and Housing  
Foundation WITNESS

\_\_\_\_\_  
Signature of Resident

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