

SENIORS FINANCIAL ASSISTANCE

Application

Alberta Seniors and Housing
Seniors Financial Assistance
PO Box 3100
Edmonton AB T5J 4W3

Please review the checklist on page 4 before submitting your application.
Please ensure you and/or your spouse/partner have signed page 3.

Please print your information in the boxes below

Section 1 - Personal information

Applicant

Personal Health Number	Social Insurance Number	Date of Birth (yyyy/mm/dd)
Last Name		
First Name		
Middle Name		
Phone Number	Alternate Phone Number	

Spouse / Partner (required – even if spouse is not 65; includes Common Law/Adult Interdependent Partner)

Personal Health Number	Social Insurance Number	Date of Birth (yyyy/mm/dd)
Last Name		
First Name		
Middle Name		
Phone Number	Alternate Phone Number	

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
Arrival Date	(yyyy/mm/dd)		(yyyy/mm/dd)	

Section 3 - Residence

Applicant Home Address

Unit Number	Street address PO Box/RR number	
City	Province	Postal Code

Mailing Address (if different from home address)

Unit Number	Street address PO Box/RR number	
City	Province	Postal Code

Check the option that best describes your type of residence

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

<input type="checkbox"/> Homeowner	<input type="checkbox"/> Status Indian living on Reserve	<input type="checkbox"/> Renter	<input type="checkbox"/> Renting from family
<input type="checkbox"/> Resident of lodge	<input type="checkbox"/> Resident of a nursing home, auxiliary hospital, long-term care centre or designated assisted living facility		<input type="checkbox"/> Other

If renting from a landlord or family or residing in a seniors' lodge, please provide the following additional information:

Landlord/Building Name
Relationship (check one) <input type="checkbox"/> Landlord <input type="checkbox"/> Relative <input type="checkbox"/> Friend
Phone Number

If residing in a nursing home, auxiliary hospital, long-term care centre or designated assisted living facility, please provide the following additional information:

Facility name and phone number
Date of Admission

If you selected Other, please explain your living situation below: (i.e., living rent free with family, experiencing homelessness, or in a temporary accommodation)

Spouse / Partner (if different)

If your home address, mailing address and/or residence type is the same as the applicant's, please check 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

	Applicant		Spouse/Partner	
Do you receive Old Age Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, confirmation of your eligibility will be obtained directly from Service Canada.

If no, have you applied for OAS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you and/or your spouse/partner (if applicable) have not applied for OAS please indicate the reason:	<input type="checkbox"/> Deferred	<input type="checkbox"/> Still working	<input type="checkbox"/> Other:
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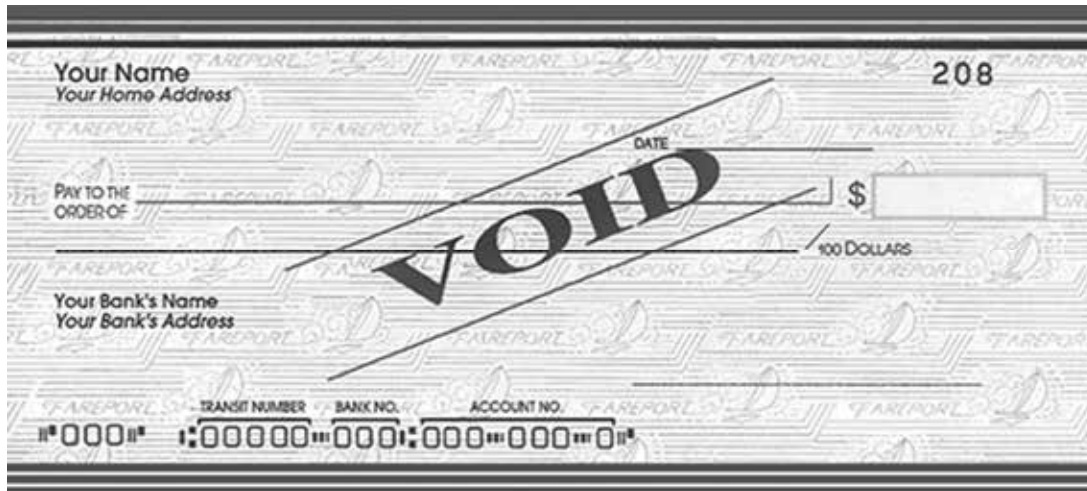
If you and/or your spouse/partner have chosen to defer or delay receipt of OAS, you are not eligible for Seniors Financial Assistance programs.

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

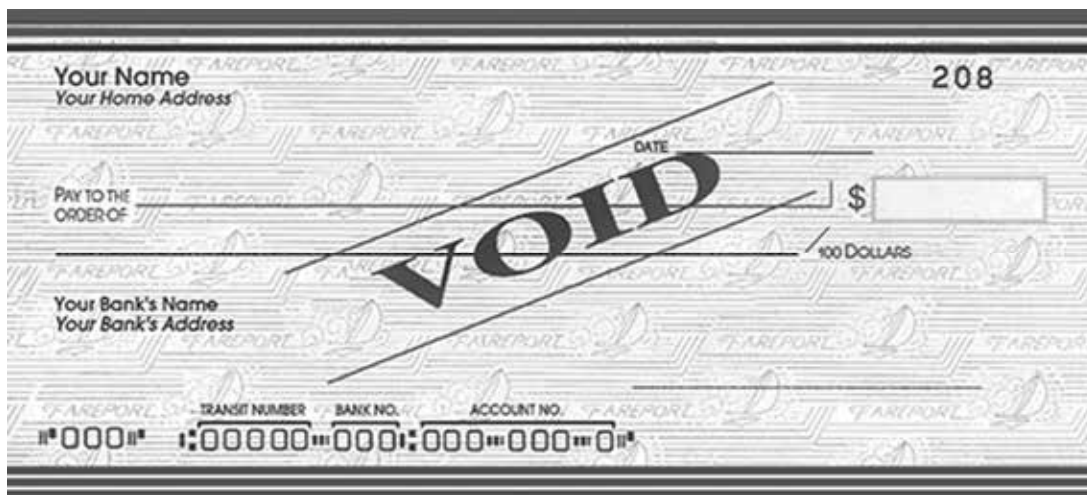
If you are eligible for a benefit, it will be deposited directly into your bank account. Please attach a blank pre-printed cheque with your name, current address and account number pre-printed by your financial institution. Refer to sample below. Your spouse/partner must be 65 or older to receive a payment.

If you do not have a pre-printed personalized cheque, please visit our website at alberta.ca/alberta-seniors-benefit.aspx or call 1-877-644-9992 for a direct deposit form.

Applicant - Please attach pre-printed void cheque here



Spouse/Partner (if age 65+ or soon to be 65) - Please attach pre-printed void cheque here



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 *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 *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 if the authorization and declaration above has been altered or not signed appropriately.

This section must be signed by applicant, spouse and/or partner, or trustee, if applicable.

Applicant/trustee

Print Name	
Signature	Date (yyyy/mm/dd)

Spouse/partner/trustee (signature required even if spouse is not 65)

Print Name	
Signature	Date (yyyy/mm/dd)

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

Only complete this section if a Power of Attorney/Trustee is acting on your behalf.

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 *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.

Please provide photocopies of Trustee/Power of Attorney documents and include any necessary medical declarations, if required.

Signature of Trustee/Power of Attorney (also sign section 6 above)

Print Name		
Signature		Date (yyyy/mm/dd)
Trustee Address Unit number/street address/PO box/RR number		
City, Town or Village		Province
Postal Code	Phone	Alternate Phone

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 required to complete your application and do not send originals.

- Birth certificate(s) for both applicant and/or spouse/partner (even if spouse is not 65). If you provide a birth certificate from a country other than Canada please be sure to also include a photocopy of either: 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:

- A valid Canadian driver's license • A valid Alberta identification card • Passport • Canada entry document
- Permanent resident card (front and back) • Canadian citizenship card (front and back)

- Landed Immigrants: Canada entry document(s) or permanent resident card(s) (front and back) for both applicant and/or spouse/partner (even if spouse is not 65).

- Trustee/Power of Attorney documents, if applicable. Ensure all medical declarations are included, if required. Section 7 should only be filled out if applicant or spouse have authorized someone to act on their behalf.

- Signature of applicant and spouse/partner in Section 6. Trustee/POA must sign Sections 6 and 7.

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

- 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 the Canada Revenue Agency. However, if you expect your current year's income to be significantly lower than your previous year's income, you may provide an estimate of your current year's income. Please complete the Income Estimate Form available online at alberta.ca/alberta-seniors-benefit.aspx or call the Alberta Supports Contact Centre toll-free at 1-877-644-9992 to request a form.
- Landed immigrants who have not yet filed a tax return in Canada should complete an income declaration for the year in which they landed or became a permanent resident. Please attach a signed and completed income declaration form available at alberta.ca/assets/documents/sh-asb-income-information-form.pdf

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 alberta.ca/dental-optical-assistance-seniors.aspx

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 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 alberta.ca/seniors-special-needs-assistance.aspx or call the Alberta Supports Contact Centre toll-free at 1-877-644-9992 to request a Special Needs Assistance for Seniors Information Booklet.

Seniors financial assistance online services

To apply for benefits and access financial and health support programs securely online, visit sfa.alberta.ca and follow the step-by-step instructions.

Upload documents online:

seniors-housing.alberta.ca/submit-documents