

For Office Use Only

Date Stamp

Application

Please read the instructions before completing the application.

Section 1 — Personal Information

APPLICANT

Social Insurance Number _____ Personal Health Number _____

Mr. Mrs. Miss Ms. Other (Specify) _____

Last Name _____ First Name _____ Middle Name _____

Home Phone Number _____ Date of Birth _____
Area Code Year Month Day

Marital/Cohabitation Status, for the purpose of calculating benefits:

- Single (including widowed, separated or divorced)
- Senior Couple (including married, common-law couples and adult interdependent relationships)

SPOUSE/PARTNER (required – even if spouse/partner is not 65)

Social Insurance Number _____ Personal Health Number _____

Mr. Mrs. Miss Ms. Other (Specify) _____

Last Name _____ First Name _____ Middle Name _____

Home Phone Number _____ Date of Birth _____
Area Code Year Month Day

Section 2 — Citizenship

APPLICANT: Are you a Canadian citizen? Yes No If no, are you a landed immigrant? Yes No

SPOUSE/PARTNER: Are you a Canadian citizen? Yes No If no, are you a landed immigrant? Yes No

If you have moved to Alberta within the past 24 months, please provide the date you moved here.

APPLICANT: _____ SPOUSE/PARTNER: _____
Year Month Day Year Month Day

Section 3 — Old Age Security Eligibility

APPLICANT: Do you receive Old Age Security? Yes No
If no, when will you be eligible to receive Old Age Security?

Year Month Day

SPOUSE/
PARTNER: Do you receive Old Age Security? Yes No
If no, when will you be eligible to receive Old Age Security?

Year Month Day

Section 4 — Place of Residence

APPLICANT

Home Address (The address where you live)

Suite, Apartment or Trailer Lot Number

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. postal box)

Postal Box

Suite, Apartment or Trailer Lot Number

Street Address or RR Number

City, Town or Village

Province

Postal Code

The type of residence you live in is used to calculate your benefits.

Please check (✓) if you are a:

Homeowner (includes mobile home on your own or rented land)

Renter

(Building name, name and phone number of landlord)

Renting from family

(Name, address and phone number of landlord)

Resident of a seniors lodge

(Name and phone number of lodge)

Resident of a nursing home, auxiliary hospital, long-term or designated assisted living facility

(Name and phone number of facility)

Date of Admission

Year Month Day

Status Indian living on a reserve

If you do not feel any of the above describes your accommodation, please give details:
(e.g. living rent free with family members)

SPOUSE/PARTNER

If the information about the spouse/partner's residence is exactly the same as the applicant's, please check (✓) in this box and move to Section 5.

Home Address (The address where you live)

Suite, Apartment or Trailer Lot Number

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. postal box)

Postal Box

Suite, Apartment or Trailer Lot Number

Street Address or RR Number

City, Town or Village

Province

Postal Code

The type of residence you live in is used to calculate your benefits.

Please check (✓) if you are a:

Homeowner (includes mobile home on your own or rented land)

Renter

(Building name, name and phone number of landlord)

Renting from family

(Name, address and phone number of landlord)

Resident of a seniors lodge

(Name and phone number of lodge)

Resident of a nursing home, auxiliary hospital, long-term or designated assisted living facility

(Name and phone number of facility)

Date of Admission

Year

Month

Day

Status Indian living on a reserve

If you do not feel any of the above describes your accommodation, please give details:

(e.g. living rent free with family members)

Section 5 — Method of Payment – Direct Deposit

If you are eligible for a cash 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. 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, have your financial institution complete the following for direct deposit:

APPLICANT

Name of Account Holder(s)

Branch No.

Institution No.

Account No.

Signature of Financial Institution Official

Year Month Day

Name and Address of the
Financial Institution (Print or use a stamp)

SPOUSE/PARTNER (If Applicable)

Name of Account Holder(s)

Branch No.

Institution No.

Account No.

Signature of Financial Institution Official

Year Month Day

Name and Address of the
Financial Institution (Print or use a stamp)

Section 6 — Income Information

Please see Section 6 of the Application Instructions for detailed information.

If you file a personal tax return please check (✓) yes below and we will request your income directly from Canada Revenue Agency (CRA).

APPLICANT: Do you file an individual tax return? Yes No

SPOUSE/PARTNER: Do you file an individual tax return? Yes No

If you did not file a tax return, please complete the Income Form in the Application Instructions.

Section 7 — Authorization and Declaration by Applicant and Spouse/Partner

This application will not be processed if the authorization and declaration below has been changed or has not been signed by the applicant and spouse/partner.

1. I and my spouse/partner, if applicable, hereby consent to the release, by the Canada Revenue Agency to Alberta Seniors and Community Supports, of information from my income tax returns and other required taxpayer information and, if applicable, of my spouse/partner's income tax returns and other taxpayer information. The information will be relevant to, and used solely for, the purpose of determining and verifying my eligibility for, and the general administration and enforcement of benefit programs under the *Alberta Seniors Benefit Act* (c. S-7 RSA 2000). This authorization is valid for the taxation year prior to the year of signature of this consent. It is also valid for the current taxation year and for each subsequent consecutive taxation year for which assistance is requested. I (we) understand that, if I (we) wish to withdraw this consent and withdraw from benefit programs under the *Alberta Seniors Benefit Act*, that I (we) may do so at any time by writing to Alberta Seniors and Community Supports.
2. I (we) declare that the information provided in this application is correct and complete. I (we) understand that incorrect reporting may result in receiving funds for which I am (we are) not eligible and I (we) may be required to repay them.

Signature of Applicant/Trustee

Date

Signature of Spouse/Partner/Trustee

Date

If the Trustee has signed above, the Trustee must also complete Section 8.

Signature of Witness

(Only if Applicant/Spouse/Partner signed with an "X")

Date

Name of Witness (Please print)

Witness phone number

Section 8 — Declaration of Trustee/Power of Attorney (if applicable)

I declare that I assume the responsibility of Trustee/Power of Attorney for the applicant and/or the applicant's spouse/partner for the purpose of this application and receipt of Alberta Seniors Benefit. I have ensured the applicant, spouse/partner or trustee has signed Section 7 of the Authorization and Declaration (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)

Address of Trustee/Power of Attorney

City/Town/Province

Postal Code

Phone Number

Attach a photocopy of the Trustee/Power of Attorney document(s).

Section 9 — Personal Information Disclosure Statement

The personal information collected on this application form is being collected for the purpose of determining eligibility for the Alberta Seniors Benefit program. The information will not be disclosed to any other person or organization except as authorized by the *Freedom of Information and Protection of Privacy Act*.

Collection of this information is authorized by the *Seniors Benefit Act*, section 6 and by the *Seniors Benefit Act General Regulation*, section 2.

For further information on the collection, use, protection and disclosure of personal information, please write or phone:

Freedom of Information and Protection of Privacy Coordinator
Seniors Services Division
PO Box 3100
Edmonton, Alberta
T5J 4W3

Telephone:
Toll-free: 1-800-642-3853
Edmonton and area: 427-7876

Checklist of items to include with your Application:

- Signature of applicant and spouse/partner in Section 7
- If reporting actual income, provide copies of T-slips
- Birth certificate(s) for both applicant and spouse/partner
- Notice of Entitlement for Old Age Security (as soon as you receive this from the Government of Canada)
- Landed Immigrants: Canada entry document(s) or permanent resident card(s) (front and back)
- Personalized cheque with VOID written across it for direct deposit
- Trustee/Power of Attorney documents, if applicable

If possible, please send photocopies rather than original documents.
These documents are required for both the applicant and spouse/partner.