

# COUNTY OF STETTLER HOUSING AUTHORITY

*"Seniors and Community Housing"*

[www.countyofstettlerhousing.com](http://www.countyofstettlerhousing.com)

## Central Office

### **Willow Creek Lodge**

6020 - 47 Avenue, Stettler, AB T4K 0B7  
Phone: 403-742-2953 Fax: 403-742-3199

### **Paragon Place Lodge**

5011- 55 Street, Stettler, AB T4K 0A4  
Phone: 403-742-6195 Fax: 403-742-6198



## **Heart Haven Lodge**

6011- 50 Avenue, Stettler, AB T4K 0B3  
Phone: 403-742-9220 Fax: 403-742-9221

## **Stettler Community Housing**

403-740-9224

**Big Valley - Valley Villa Apts.**  
403-741-8605

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## **County of Stettler Housing Authority – Lodge Application Process (2026)**

The following instructions will guide you through the application process. Each applicant must complete an **‘Application for Accommodation’**, the **‘Physician’s Report’** and a copy of their **latest income tax return**. Couples applying must fill out **two separate applications**.

1. Complete the **‘Application for Accommodation’** form.

Note: Section F: The Declaration can be completed during the interview.

2. Have your family doctor complete the **‘Physician’s Report’** form.
3. Attach a copy of your latest **income tax return** to your application. (Supporting slips and schedules not required)
4. **Drop off at any one of our lodges and Tanya will give you a call.** The interview process may take up to 1 ½ hours to complete. The information gathered will be used to determine if the applicant meets the criteria for accommodation and to determine their placement on the waiting list.
5. Applicants **must be deemed eligible** for accommodation before their application is accepted and processed.
6. It is the responsibility of the applicant to **ensure the application is up to date at all times**. It is important to note that eligibility, or non-eligibility of an applicant can change as circumstances change.

Office hours are Monday to Friday, 8:30 AM to 4:30 PM. If you have any questions, please call Tanya at 403-742-6195.

I look forward to meeting with you.

Tanya Derr  
Resident Services Manager,  
The County of Stettler Housing Authority



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## **Lodge Income Sources (2026)**

**Dear Applicant,**

The purpose of this letter is to provide information regarding the fee structure of The County of Stettler Housing Authority.

Lodges acquire their income from four sources:

1. Resident room rent and board.
2. Requisitions from the contributing Municipalities.
3. Lodge Assistance Grant.
4. Charitable Donations

### **Requisitions:**

Every property tax payer in The County and The Town of Stettler, the Villages of Donalda, Botha, Gadsby and Big Valley and the Summer Villages of White Sands and Rochon Sands pays a portion of their taxes to the County of Stettler Housing Authority. Without this subsidy, Lodge rates would be considerably higher.

### **Lodge Assistance Grant:**

For each resident, the Authority receives a daily grant of \$21.50 per person from The Alberta Government for each resident who has an income of \$34,770.00 (2025) or less (line 150 on your last tax return). The Authority does not receive this grant for residents who have an income over this figure. As not to create a loss for the Authority, the Government has approved the recovery of \$500.00 per month from these residents.

### **Subsidy:**

The Alberta Government requires Seniors' Lodges to leave each resident with a minimum of \$373.00 (2025) per month after room and board have been taken off line 150 of their tax return. This enhances our mandate to provide affordable housing for Seniors. Please note, farm and business losses are not included when determining eligibility for a subsidy. Actual current income or minimum senior income may be used to determine subsidy entitlement.

### **Charitable Donations:**

The County of Stettler Housing Authority is a Registered Non-Profit Charity. We gratefully accept donations and can provide tax receipts. Donations are used to purchase items of comfort for our Residents not included in our budget.

For more information, call The County of Stettler Housing Authority at (403) 742-6195.

Sincerely,

County of Stettler Housing Authority

Tanya Derr

Resident Services Manager



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## Application for Accommodation (2026)

### A. APPLICANT (Couples must complete separate applications)

Full Name – Please Print:

\_\_\_\_\_  
Surname Given Name Middle Name

Full Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Box or Street Town Postal Code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mon/Day/Year

Marital Status: \_\_\_\_\_ (Single/Married/Widow/Divorced/Separated/Common-law)

Health Care Number: \_\_\_\_\_ Name of Doctor: \_\_\_\_\_

Name of Executor(s) (You must advise us if this changes) \_\_\_\_\_

### B. PERSONAL CONTACTS

**Emergency Contacts:** Please list family or friends that we may contact if you need assistance.

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ PC: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ PC: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ PC: \_\_\_\_\_

### **C. ACCOMMODATIONS**

Please number, in order, your preference of facilities.

Heart Haven Lodge \_\_\_\_\_ Willow Creek Lodge \_\_\_\_\_ Paragon Place Lodge \_\_\_\_\_

### **D. REASONS FOR WANTING ACCOMMODATION**

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### **E. INCOME VERIFICATION**

Do you receive the 'Alberta Senior Benefit'? Yes \_\_\_\_\_ No \_\_\_\_\_

Please submit a copy of your last income tax return (supporting slips and schedules not required).

Couples making application must each submit a copy of their own return.

**\*\*Lodge sources of income – please see attached letter.**



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## F. DECLARATION

I understand that this application does not constitute an agreement on the part of the County of Stettler Housing Authority, to provide me with admission.

I further acknowledge the right of the County of Stettler Housing Authority, at any time prior to admission hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, my acceptance or approval of this application previously made or given.

I hereby authorize the County of Stettler Housing Authority, to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in the said application;
2. That the statements made by me in the said application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I am a Canadian citizen or a legal resident of Canada;
4. And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date: mm/dd/yr

\_\_\_\_\_  
Witness

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## Physician's Report

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alberta Health Care Number \_\_\_\_\_ How long has applicant been a patient of yours: \_\_\_\_\_

### Release

I, \_\_\_\_\_ hereby authorize and instruct \_\_\_\_\_ to  
Applicant Physician  
release the medical information requested by County of Stettler Housing Authority, and I hereby waive any and all claims against the person or organization releasing the report for any purpose whatsoever in connection with the communication and disclosure of said information.  
Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Witness: \_\_\_\_\_

County of Stettler Housing Authority provides affordable Lodge accommodations to ambulatory seniors who have the mental and physical capabilities to perform daily living skills independently with controlled behavior and good judgment/decision making abilities.

Lodge provides meals, housekeeping services and 24-hour staffing. Given this information, is your patient independent enough to:

- |  |         |        |             |
|--|---------|--------|-------------|
| 1. Physically manage personal care including dressing?                 | Yes ___ | No ___ | Unknown ___ |
| 2. Ambulate to and from a central, congregate dining room?             | Yes ___ | No ___ | Unknown ___ |
| 3. Maintain an appropriate level of personal hygiene?                  | Yes ___ | No ___ | Unknown ___ |
| 4. Perform daily living skills, without cueing or reminders?           | Yes ___ | No ___ | Unknown ___ |
| 5. Administer his/her own medications?                                 | Yes ___ | No ___ | Unknown ___ |
| 6. Enter a lodge where no nursing care or special diets are available? | Yes ___ | No ___ | Unknown ___ |

Any comments that would be helpful in evaluating this applicant \_\_\_\_\_

Is the applicant currently receiving Homecare? Yes \_\_\_ No \_\_\_

Is there past or present evidence of:	Yes	No	If YES, give particulars. Please attach additional information required.
Incontinence (Bowels or Bladder):	<input type="radio"/>	<input type="radio"/>	Mild___ Moderate___ Severe___
Cognitive Impairment:	<input type="radio"/>	<input type="radio"/>	Mild___ Moderate___ Severe___
Wandering:	<input type="radio"/>	<input type="radio"/>	Mild___ Moderate___ Severe___
Uncontrolled, Aggressive or Violent Behavior:	<input type="radio"/>	<input type="radio"/>	Mild___ Moderate___ Severe___
Alcohol or Drug Abuse:	<input type="radio"/>	<input type="radio"/>	Mild___ Moderate___ Severe___
Infectious Diseases:	<input type="radio"/>	<input type="radio"/>	_____
Allergies	<input type="radio"/>	<input type="radio"/>	_____

**\*\*This Report is confidential and will only be used for the purpose of evaluating application for accommodation. If there is a lapse in time between application and occupancy, the Housing Authority may request an updated medical prior to move in.\*\***

Physician: \_\_\_\_\_ Signature: \_\_\_\_\_  
Please Print  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for assisting us with the health and welfare of our residents.