

## Section 1 - Personal information

### Applicant

Personal Health Number	Social Insurance Number	Date of Birth (yyyy/mm/dd)
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify)		
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)
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify)		
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

If you are a landed immigrant, please provide copies of your Canada entry document(s) or permanent resident card(s) (front and back). If you moved to Alberta within the past 24 months, please provide the date you moved below.

Applicant (yyyy/mm/dd)	Spouse/Partner (yyyy/mm/dd)
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## 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

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

<input type="checkbox"/> Homeowner	Legal land description (eg. plan, lot, block)
<input type="checkbox"/> Renter	Building name, name and phone number of landlord
<input type="checkbox"/> Renting from family	Name, address and phone number of landlord and relationship
<input type="checkbox"/> Resident of seniors lodge	Name and phone number of lodge

## 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
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:	

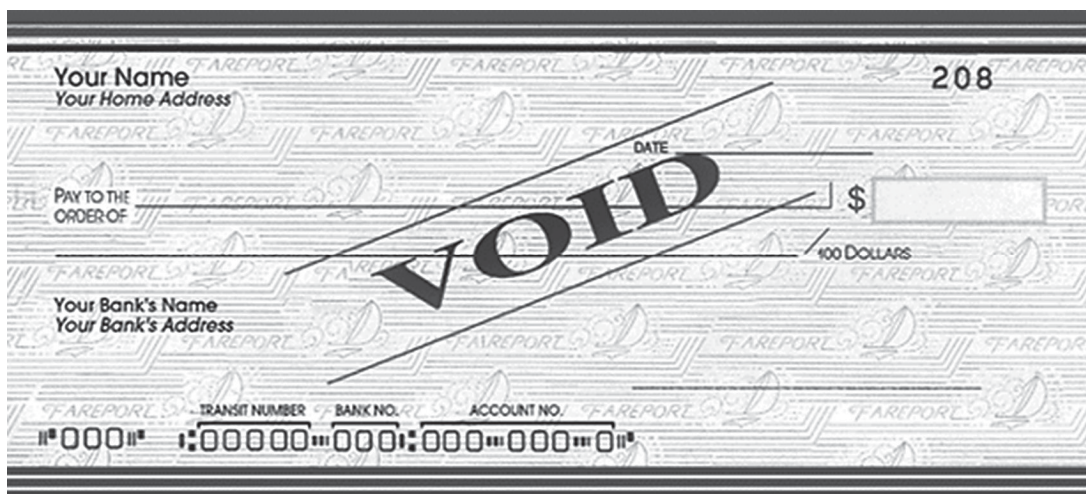
If you and/or your spouse/partner have chosen to defer or delay receipt of OAS, you are not eligible for Seniors Financial Assistance programs.

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

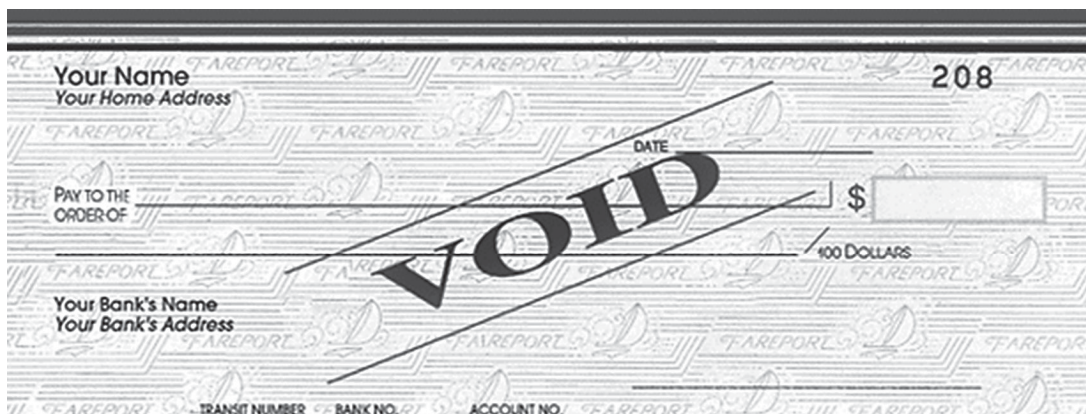
If you are eligible for a benefit, it will be deposited directly into your bank account. Please attach a blank pre-printed cheque with your name, current address and account number pre-printed by your financial institution. Refer to sample below. Your spouse/partner must be 65 or older to receive a payment.

If you do not have a pre-printed personalized cheque, please visit our website at [alberta.ca/alberta-seniors-benefit.aspx](http://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**



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)

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**.

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)
- Canadian citizenship card (front and back)
- Passport

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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).

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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.

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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

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Personalized cheque with VOID written across it or a Direct Deposit form completed by your financial institution for direct deposit.

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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 submit an estimate of your current year's income. Please complete the Income Estimate Form available online at [alberta.ca/alberta-seniors-benefit.aspx](http://alberta.ca/alberta-seniors-benefit.aspx) or call the Alberta Supports Contact Centre toll-free at 1-877-644-9992 to request a form.

### 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](http://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 for assistance 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](http://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.

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