



Shining Mountains Living Community Services Rental Application

4925 46 Street
Red Deer, Alberta
T4N 1N2

Phone: 403-346-9794
Fax: 403-346-9380
Email: officemanager@smlcs.ca

REFERRAL FORM: EMERGENCY STUDIO APARTMENT ONLY

Date of Referral: _____

Self-referrals not accepted.

Organization and staff making referral: _____

Contact information for referring person: _____

Who will be providing supports to participant during their tenancy: _____

Is the person on CAP: Yes No

Other housing program: _____

Is the person vulnerable: Yes No

If yes, check all that apply for reason of referral

Person is a Veteran

Person has a physical disability

Person has a young child

Person has never been unhoused or in shelter before

Other (please identify): _____

Person is Indigenous: Yes No

Metis

First Nation

Inuit

Inuit

Does the person live drug free and sober? (This is a requirement for consideration)

Yes No

NO PETS ALLOWED

POSITIVELY NO OVERNIGHT GUESTS ALLOWED!

Please note that monthly inspections will be required.

Print your name

Signature

Email completed referral for to officemanager@smcls.ca

FOR OFFICE USE ONLY

Desired move-in date: _____

Anticipated move-in date: _____

Expected length of stay (max 3 months from date of entry): _____

Monthly rent: \$600

Damage deposit: \$600

Paid by: _____

Notes: _____
