



Housing for Independent Seniors

Abbeyfield Houses Society of Caledon
22 Walker Road East, Caledon East, ON L7C 3K2
Tel: 905-880-0181 Email: info@abbeyfieldcaledon.org

Abbeyfield Caledon is a not-for-profit organization and is not in a financial position to provide rent subsidies to residents

Application for Residency**

Legal Name: _____
(First) (Last)

Address:
(Street): _____ (Apartment) _____

(City) _____ (postal code) _____

Telephone Number: (____) ____ - _____ **Email:** _____

How did you hear about Abbeyfield: _____

Marital Status:
Single _____ Separated _____ Widow _____ Married _____ Divorced _____

Birthdate: _____ (day/month/year)

Do You Require a parking space for your car? Yes _____ No _____

Do you require outside assistance to afford and pay the current monthly occupancy amount: (\$ _____) Yes _____ No _____

How did you find out about Abbeyfield? (please list all sources, i.e. friend, doctor, Facebook, website, senior centre, etc.)

Name of Sponsor(s) (List in priority order primary then secondary):

1. **Name:** _____
(First) (Last)

Address:
(Street): _____ (Apartment) _____
(City) _____ (postal code) _____

Telephone Number: (____) ____ - _____ **Cell** (____) ____ - _____

Email: _____

2. **Name:** _____
(First) (Last)

Address:
(Street): _____ (Apartment) _____
(City) _____ (postal code) _____

Telephone Number: (____) ____ - _____ **Cell** (____) ____ - _____

Email: _____

3. **Name:** _____
(First) (Last)

Address:
(Street): _____ (Apartment) _____
(City) _____ (postal code) _____

Telephone Number: (____) ____ - _____ **Cell** (____) ____ - _____

Email: _____

Power of Attorney Documents:

Do you have an up to date Financial and Personal Care Power of Attorney:

Yes ____ No ____

Do you agree to submit and allow Abbeyfield Caledon to hold copies of above documents:

Yes ____ No ____

Independence Certification:

Are you currently able to live and care for yourself independently? Yes ___ No ___
Yes, but require some assistance _____ (please provide details)

Have you reviewed and are willing to submit the Health and Independence Certification Document completed by you, your sponsor and your current doctor?
Yes ___ No ___

Current Doctor:

Name: _____
(First) (Last)

Address:
(Street): _____
(City) _____ (postal code) _____

Telephone Number: (____) ____ - _____

Email: _____

*****Application does not guarantee acceptance and in any case will require the filing of additional documents***

I certify that the information on this form is true, correct, and complete in every respect to the best of my knowledge and can be relied upon and verified by Abbeyfield Caledon I also understand that occupancy acceptance will require the submission of additional documents:

Applicant Signature: _____ **Date:** _____

Sponsor Signature*: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____

*at least one Sponsor Signature is required.