

**WARFA SERVICES**  
**Free cleaning services for seniors living alone application form**  
**warfaservices@gmail.com**

- First name

\_\_\_\_\_

- Last name

\_\_\_\_\_

- Date of birth (dd/mm/yyyy)

\_\_\_\_\_

- Gender

\_\_\_\_\_

- Address

\_\_\_\_\_

- Telephone number

\_\_\_\_\_

- Email address

\_\_\_\_\_

- Occupation

\_\_\_\_\_

- Do you live alone

\_\_\_\_\_

- Do you have any physical or mental health issues we should know about?

\_\_\_\_\_

\_\_\_\_\_

- Do you have pets?

\_\_\_\_\_

- How many square foot is your place?

\_\_\_\_\_

- Time and days of the week that you are available?

\_\_\_\_\_

- Do you have any allergy ( cleaning products)?

\_\_\_\_\_

- If you qualify for this program would like to take a picture with us at the end of the cleaning?

\_\_\_\_\_

- Tell us why do you think you are the right recipient for this service?

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

\_\_\_\_\_