



Orchard View
APARTMENTS
INDEPENDENT LIVING WITH CARE

REQUEST FOR WAITING LIST PLACEMENT

Care Suite: _____ One Bedroom _____ Two Bedroom (couples) _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Email Address: _____

Date of Birth: _____

Marital Status: Single _____ Married _____ Divorced _____ Widow/er _____

Citizenship: _____ Social Insurance #: _____

Health Card #: _____ Version Code: _____

Church Affiliation: _____

Children or Next of Kin:

Name: _____ Relation: _____

Address / Phone #: _____

Name: _____ Relation: _____

Address / Phone #: _____

Preferred Date of Occupancy: _____

I understand that prior to being offered tenancy I shall be required to attend an interview and review of medical form at Orchard View.

Signature: _____

Date: _____

Return this page to:

Orchard View Apartments
4020 Twenty-Third Street
Vineland, Ontario L0R 2C0
Fax: 905-562-1458
Phone: 905-562-1458

I/we submit this application in consideration of my/our tenancy at the Orchard View Apartments.

I/we understand that upon its acceptance, this application will take its place on a chronological “Tenancy Waiting List” for the type of accommodation applied for, and that upon notice, I/we will have the option of entering into a Tenancy Lease Agreement or defer acceptance, in which event the application will again assume its place on the “Tenancy Waiting List”.

Orchard View Apartments retains the right for sufficient cause and at its discretion, to prioritize the “Tenant Waiting List” on criteria rather than application. Also, first right of refusal for any accommodation is at the option of persons already residing in the OVA.

I/we understand that it is my/our responsibility to notify the OVA office of any changes to my/our contact information (i.e. phone number, address, etc.) or of my desire to be removed from the “Tenancy Waiting List”.

Signature: _____

Date: _____

Orchard View Apartments is a smoke-free, animal-free, fragrance-free home.

FOR OFFICE USE ONLY:

Date application received: _____ Staff initials: _____

Removed from waitlist on: _____

Moved in

Requested removal:
Name of requester: _____
Relationship of requester: _____
Reason for removal: _____

Could not be contacted:
Date phoned: _____
Date emailed: _____