



APPLICATION FORM

APPLICANT FULL NAME:				DOB:	DD / MM / YYYY		
CO-APPLICANT FULL NAME:				DOB:	DD / MM / YYYY		
CURRENT ADDRESS:							
PHONE NUMBER:				PHONE NUMBER:			
CURRENT HOUSING STATUS (MARK WITH AN X): IF OTHER PLEASE EXPLAIN							
CURRENT HOUSING:	OWNER:	<input type="checkbox"/>	RENTER:	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	
IF RENTING COMPLETE INFORMATION BELOW:							
LANDLORD NAME:							
PHONE NUMBER:				EMAIL:			
PREVIOUS LANDLORD IF CURRENT PROPERTY HAS BEEN RENTED FOR LESS THAN 3 YEARS:							
LANDLORD NAME:							
PHONE NUMBER:				EMAIL:			
PROPERTY ADDRESS:							
FINANCIAL INFORMATION (Kindly provide bank statements for the past 3 months):							
MONTHLY JOINT /TOTAL INCOME:							
SOURCE(s) OF INCOME:							
CHARACTER REFERENCES (HAVE KNOWN YOU FOR AT LEAST 3 YEARS):							
NAME:				PHONE NUMBER:			
NAME:				PHONE NUMBER:			
EMERGENCY CONTACT:							
NAME:				PHONE NUMBER:			
RELATIONSHIP:				EMAIL:			
NAME:				PHONE NUMBER:			
RELATIONSHIP:				EMAIL:			
BUILDING APPLICATION (MARK WITH AN X YOUR PREFERENCE(s)):							
APARTMENT 1. #9816 -108 AVE.		FULL KITCHEN.					
APARTMENT 2. #10804- 98 ST.		FULL KITCHEN.					
APARTMENT 3. #9907 -110 AVE.		HALF KITCHEN, MANDATORY MEAL PLAN					
APARTMENT 4. #9908 -108 AVE.		HALF KITCHEN, MANDATORY MEAL PLAN					
SUITE APPLICATION (MARK WITH AN X YOUR PREFERENCE(s)):							
BACHELOR:	<input type="checkbox"/>	1 BEDROOM:	<input type="checkbox"/>	2 BEDROOMS:	<input type="checkbox"/>	FLEXIBLE:	<input type="checkbox"/>
SPECIFICATIONS (IF ANY):							



By signing this form, I understand that **this complex does not provide any long or short-term** care services. I must be able to live independently or arrange my own assisted living if needed. I acknowledge that **this facility is smoke/vape-free and does not permit pets.** I agree to let the management use my information for reference checks, income verification, and to determine if I'm **suitable for independent living.** I release them from any liability related to using my information for processing my application. I agree to renew this request annually and to promptly update my contact details if needed. I understand that If I decline an offer three times, my name will be removed for 6 months before reapplication can happen.

APPLICANT NAME:	SIGNATURE:
WITNESS NAME:	SIGNATURE:
DATE RECEIVED AT THE OFFICE:	