

APPLICATION FOR TENANCY



Applicant Personal Information

First Name	Last Name	Middle Name or Initial		
D.O.B: (Optional)		Application Date:		
Marital Status:	Name of Spouse:			
Mailing Address:				
Current Residence Address:				
Phone Number	(H)	(C)		
Email Address:				
<input checked="" type="checkbox"/> Check box for Building Preference	Manor	Apts.	Units	The Gardens.

For Supportive Housing Program in the Apartment building please contact your regional Home Care Case Coordinator

Do you have any health concerns that need extra consideration? (eg; a suite closer to dining room or exit due to mobility) <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please indicate)
Are you able to live independently with or without Home Care assist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an urgency to move due to a special circumstance? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please give details))
Do you a have any food allergies or require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please indicate type of diet or food allergy)

Additional Contact Name

Name:
Phone: () - Cell Phone: () -
Address:
Relationship:

Please inform the Gardens on Tenth of any changes of information. An annual update of this application is required to ensure the Gardens on Tenth has the most current and correct information to ensure your name remains on the waiting list. Phone (204) 324-8945

Signature of Applicant : _____ Date: / /

Form filled out by (if other than applicant) _____ Date: / /

Return to: The Gardens on Tenth
Box 900
Altona MB R0G 0B0

Thank you

OFFICE USE ONLY

Name: _____

Date Application received: / /

Move in Date: / /

Building & Suite number: _____

Office Signature: _____ Date: / /

At staff **discretion**- request for a Non-family Reference:

Comments:
