



# Aldersgate Homes Inc. Application for Apartments

Date: \_\_\_\_\_

## Personal Details

First Applicant

Second Applicant

Mr.  Mrs.  Ms.  Miss

Mr.  Mrs.  Ms.  Miss

Name

Address & Postal Code

Phone

Birthdate  Month  Day  Year

Month  Day  Year

Age  At time of application, you must be at least 65 years of age

Only one spouse must be aged 65 or over at time of application.

SIN #

Are you a Canadian Citizen? Yes  No

Are you a Canadian Citizen? Yes  No

Aldersgate Homes Inc. is a non-smoking building. Are you a smoker? Yes  No

Are you a smoker? Yes  No

### Special Needs:

Do you or anyone applying with you require the use of a wheelchair? Yes  No

Do you or anyone applying with you need support services to live independently? Yes  No

If yes, what type of support services do you/they require? (personal care services, mental health support etc.) \_\_\_\_\_

Do you/they have support services currently set up? Yes  No

If yes, please list the Name of the Agency(s) involved: \_\_\_\_\_

Do you or anyone applying with you have other special needs that you would like us to be aware of? (health conditions, language/literacy issues, etc.) Please comment below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Type of Accommodation Wanted

One Bedroom Apartment  Two Bedroom Apartment  Accessible Apartment

Do you own/lease your own vehicle that would require your own parking spot? Yes  No   
If yes, do you require a handicap parking spot? (Accessible parking permit required) Yes  No

## Current Accommodation

If you are presently renting, please provide the name of your Landlord.

Contact Name  Phone:

Property Management Company (if applicable)

How long have you lived at your present address? Months:  Years:

## Alternate Contact

Please list a person whom you wish us to contact if we are unable to reach you regarding your application.

Contact Name  Home phone:   
Relationship  Alt. No.

## References

Please provide two references other than family members or physician.

Name	<input type="text"/>	<input type="text"/>
Address & Postal Code	<input type="text"/>	<input type="text"/>

\*I/we understand that this application does not constitute an agreement with Aldersgate Homes Inc. to provide me/us with accommodation and that the information provided is confidential.

\*I/we give permission for Aldersgate to contact those persons named as contacts and references.

Signature

Date

**Send completed applications to: Aldersgate Village, 7 Aldersgate Dr., Belleville, ON K8P 4W9**