



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

Email

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

Address
&
Postal
Code

*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