Waiting List Application
For Aldersgate Garden Homes
Life Lease Suites

For Office Use Only:

NAME(S): _____

ADDRESS: _____

CITY, PROV.: _____

POSTAL CODE: _____

TELEPHONE #: _____

EMAIL: _____

PLEASE INDICATE YOUR PREFERNCE OF GARDEN HOMES
(You may indicate more than one choice):

	Unit Type	Area	Description
☐	DAHLIA	950 SQ. FT.	1 Bedroom plus den
☐	LAVENDER	1,030 SQ. FT.	1 Bedroom plus den
☐	TRILLIUM	1,055 SQ. FT.	2 Bedroom
☐	HAWTHORN	1,062 SQ. FT.	2 Bedroom
☐	MAGNOLIA	1,072 SQ. FT.	1 Bedroom plus den
☐	ROSEWOOD	1,200 SQ. FT.	2 Bedroom plus den

COMMENTS REGARDING YOUR PREFERENCE: (Location or # of baths etc.):

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

If yes, please list the Name of the Agency(s) and contact person(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:

_____

_____

_____.

CONTACTS IN CASE YOU CANNOT BE REACHED:

_____	_____
(Name)	(Name)
_____	_____
(Relationship)	(Relationship)
_____	_____
Telephone Number (including area code)	Telephone Number (including area code)

SIGNATURE: _____ DATE: _____

PLEASE MAIL TO: Aldersgate Garden Homes Inc.,
7 Aldersgate Drive, Belleville, ON K8P 4W9