

# Assisted Living Housing Application



## Fairview Retirement Suites

799 Concession Rd., Cambridge, Ontario N3H 4L1

Phone: 519-653-5719 Fax: 519-650-1242

**Return to:** Nancy Kinsie, Fairview Mennonite Home  
515 Langs Dr., Cambridge, ON N3H 5E4

### Office Use Only

Date Application Received:

year month day

/ /

Check Option Y	ASSISTED LIVING HOUSING OPTIONS
	Standard: Room with neighbourhood view
	Deluxe: Large room with a view
	Premier: Large room with kitchenette or fireplace and double window
	2 <sup>nd</sup> Person in Suite (complete co-applicant information)

<b>1. Applicant Information</b>		9 Mr. 9 Ms. 9 Mrs. 9 Miss	
Last Name:		First Name:	Date of Birth year month day / /
Mailing Address:			
City:	Postal Code:	Home Telephone No.:	
Alternate Telephone No. ( <i>optional</i> )		Email Address: ( <i>optional</i> )	
Health Card No.:		Social insurance No.:	
Marital Status: 9 Married 9 Widowed 9 Single			
Name of spouse if married:			
Religious Affiliation:		Congregation:	
Family Doctor:		Phone number:	

<b>Billing Contact: (applicant 1)</b>	
Name:	Relation:
Address:	Postal Code:

<b>Co-Applicant Information (applicant 2)</b>		9 Mr. 9 Ms. 9 Mrs. 9 Miss	
Last Name:		First Name:	Date of Birth year month day / /
Mailing Address:			
City:	Postal Code:	Home Telephone No.:	
Alternate Telephone No. (optional)		Email Address: (optional)	
Health Card No.:		Social insurance No.:	
Marital Status: 9 Married 9 Widowed 9 Single Name of spouse if married:			
Religious Affiliation:		Congregation:	
Family Doctor:		Phone number:	

<b>Billing Contact: (if different from applicant 1)</b>	
Name:	Relation:
Address:	Postal Code:

<b>Children or next of Kin (to be notified in an emergency):</b>		
1) Name:	Relation:	Postal Code:
Address:		Phone:
2) Name:	Relation:	Postal Code:
Address:		Phone:
3) Name:	Relation:	Postal Code:
Address:		Phone:
4) Name:	Relation:	Postal Code:
Address:		Phone:

<b>Continuing Power of Attorney for Property</b>		
1) Name:	Relation:	Postal Code:
Address:		Phone:
2) Name:	Relation:	Postal Code:
Address:		Phone:

**Continuing Power of Attorney for Personal Care**

1) Name:	Relation:	Postal Code:
Address:		Phone:
2) Name:	Relation:	Postal Code:
Address:		Phone:
<b>EXECUTOR</b>		
Name:	Relation:	Postal Code:
Address:		Phone:

Please describe your present needs:

---

---

---

Identify any community services utilized:

---

---

---

Describe, in your own words, why you wish to live to at Fairview:

---

---

---

**Declaration & Consent**

I declare that all information in this application is correct and complete.  
The application and any supporting documents become the property of Fairview Mennonite Homes.

I agree that if housing is provided to me it will be occupied only by me and the persons listed on this application.

I understand that I will only be offered housing for which I meet all applicable eligibility requirements.

I understand that this application does not constitute an agreement on the part of Fairview Mennonite Homes to provide me with housing.

I understand that Fairview may request additional information and I authorize Fairview to complete a credit check.

I understand that should I decline three offers of housing my name will be placed at the bottom of the current waiting list.

I understand that I am responsible to inform Fairview of any significant changes to the information recorded on this application form.

I understand that Fairview is a seniors' housing non-smoking facility and pets are not permitted.

Applicant=s Signature:	Date:
Co-Applicant=s Signature:	Date: