

Last Name:

First Name:

Office Use Only

Date Application Received:

year month day

/ /

Fairview Mennonite Home



Independent Living Housing Application

Eligibility Requirements:

You are eligible to live at Fairview if...

- 1) All members of the household are sixty or older.
- 2) You are applying as a couple and at least one person is sixty or older consideration may also be given to applications where one member of the household is over sixty and the other adult is not a spouse, but lives with the senior in a dependent or caregiver relationship.
- 3) You are legally entitled to receive benefits in Canada.

**Fairview is a seniors= housing non-smoking facility and
pets are not permitted.**

Because Fairview has long waiting lists for housing, and applicants must often wait a long time before housing is available, applications will be accepted from households who do not yet meet the age sixty requirements.

However, regardless of your application date, housing will not be offered until the household meets the eligibility requirements.

Independent Living Housing Application



Fairview Mennonite Homes

515 Langs Drive, Cambridge, Ontario N3H 5E4

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

HOUSING OPTIONS

Fairview offers a number of different housing options, each with its own waiting list. Please use the chart below to indicate your housing choice. More detailed information in the housing brochure or at www.fairviewmennonitehomes.com
Fairview is a seniors= housing non-smoking facility and pets are not permitted.

Check Option Y	Rental Housing Options
	Fairview Apartments - Bachelor (no bedroom)
	Fairview Apartments - 1 Bedroom
	Preston School Apartments - Bachelor (no bedroom)
	Preston School Apartments - 1 Bedroom
	Fairview Courts - 1 Bedroom
	Fairview Courts - 2 Bedrooms
Check Option Y	Housing for Sale - Fairview Villa Life-Lease Housing
	Fairview Villa Life-Lease Housing - 1 Bedroom
	Fairview Villa Life-Lease Housing - 2 Bedrooms

1. Applicant Information		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		Date of Marriage: year month day / /	
Name of spouse if married:		/ /	
Religious Affiliation:		Congregation:	
Family Doctor:		Phone number:	

Billing Contact: (applicant 1)		
Name:	Relation:	
Address:	Postal Code:	
2. Children or next of Kin (to be notified in an emergency):		
1) Name:	Relation:	Postal Code:
Address:		Phone:
2) Name:	Relation:	Postal Code:
Address:		Phone:
3) Name:	Relation:	Postal Code:
Address:		Phone:

Co-Applicant Information (applicant 2)		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:	
Citizenship: 9 Canadian Other, please specify:		
3. Children or next of Kin (Fill in only if different from applicant 1)		
1) Name:	Relation:	Postal Code:
Address:		Phone:
2) Name:	Relation:	Postal Code:
Address:		Phone:
3) Name:	Relation:	Postal Code:
Address:		Phone:

Billing Contact: (if different from applicant 1)	
Name:	Relation:
Address:	Postal Code:

<p>4. Income Information</p> <p>The income information you provide is confidential. It is required to assess your eligibility for the Fairview housing options you select.</p>
<p>A. Is your total annual household income greater than \$60,600.00?</p> <p>(check one) 9 no 9 yes</p>
<p>Please note that verification of your income and assets may be required if you are offered housing at the Fairview Apartments, 515 Langs Drive.</p>

5. Declaration & Consent	
<p>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.</p> <p>I agree that if housing is provided to me it will be occupied only by me and the persons listed on this application.</p> <p>I understand that I will only be offered housing for which I meet all applicable eligibility requirements.</p> <p>I understand that this application does not constitute an agreement on the part of Fairview Mennonite Homes to provide me with housing.</p> <p>I understand that Fairview may request additional information and I authorize Fairview to complete a credit check.</p> <p>I understand that should I decline three offers of housing my name will be placed at the bottom of the current waiting list.</p> <p>I understand that I am responsible to inform Fairview of any significant changes to the information recorded on this application form.</p> <p>I understand that Fairview is a seniors' housing non-smoking facility. New tenants and their guests are not permitted to smoke cigars, cigarettes, or any similar product whose use generates smoke within the building or within 9 metres of the building.</p> <p>I understand that animals and noisy birds are not permitted.</p>	
Applicant=s Signature:	Date:
Co-Applicant=s Signature:	Date: