# **SECTION 5: DECLARATION AND CONSENT**

I declare all information in this application is correct and complete.

The application and any supporting documents become the property of Fairview Mennonite Homes.

I agree if housing is provided to me, it will be occupied only by me and the person(s) listed on this application.

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

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

I understand that Fairview is a senior's housing, smoke-free facility. New tenants and their guests are not permitted to smoke or vape any products whose use generates smoke within the building or within nine (9) metres of the building.

I understand pets of any kind are not permitted.

Applicant #1 Signature:

Applicant #2 Signature:

Date:

Date:

L	OFFICE USE ONLY	
	Last Name:	Date
	First Name:	



# Independent Living Housing Application

515 Langs Drive Cambridge, ON N3H 5E4 Tel: 519-653-5719

Eligibility Requirements:

You are eligible to live at Fairview if:

1. A member of your household is sixty or older. 2. You are legally entitled to receive benefits in Canada.

Fairview is a smoke-free seniors housing community. No pets permitted.

The wait list for housing can be several years long; therefore, we do accept applications from prospective tenants who may not meet the eligibility requirements at the time of application. However, housing will not be offered until the household meets the eligibility requirements.

Application Received (y/m/d):

SENIORS COMMUNITY

#### **IMPORTANT NOTE**





### **SECTION 1: APPLICANT #1 INFORMATION**

Last Name:	First Name:	
🗖 Mr 🗖 Ms 🗖 Miss 🗖 Mrs	Birth Date(y/m/d):	
Mailing Address:		
City:	Postal Code:	
Tel:	Email:	
Citizenship:  Canadian  Other, please specify:		

### **SECTION 2: APPLICANT #2 INFORMATION**

Last Name:	First Name:
🗆 Mr 🗆 Ms 🗖 Miss 🗖 Mrs	Birth Date(y/m/d):
Mailing Address:	
City:	Postal Code:
Tel:	_ Email:
Citizenship: 🗖 Canadian 🛛 Other, please s	pecify:

# **SECTION 3: ALTERNATE CONTACT INFORMATION**

(For use only in the event we cannot reach you with your own contact information)

Name:	Relationship:
Tel:	Email:

# **SECTION 4: HOUSING SELECTION**

Fairview offers a number of different housing options, each with its own waiting list. Please use the chart below to indicate your housing choice. For detailed information on each option, please see reception for the housing brochure or access our website at <u>www.fairviewmh.com</u>.

Check Option	
	Fairview Apartments – Bachelor (r
	Fairview Apartments – One (1) be
	Preston School Apartments – Bac
	Preston School Apartments – One
	Fairview Courts – One (1) bedroo
	Fairview Courts – Two (2) bedroo
Check Option	
	Fairview Villa Life-Lease Housing
	Fairview Villa Live-Lease Housing

Rental Options	
no bedroom)	
droom	
helor (no bedroom)	
(1) bedroom	
m	
ms	
For-Sale Options	
– One (1) bedroom	
– Two (2) bedrooms	