

# Assisted Living Housing Application



**Fairview Retirement Suites**

799 Concession Rd., Cambridge, Ontario N3H 4L1

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

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

**Office Use Only**

Date Application Received:

year month day

/ /

Check Option ✓	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>		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> 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: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> 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>		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> 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: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> 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:

<b>Continuing Power of Attorney for Property</b>		
<b>Continuing Power of Attorney for Personal Care</b>		
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:

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Identify any community services utilized:

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

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<b>Declaration &amp; Consent</b>	
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: