

**SECTION 6: 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 should I decline three (3) offers of housing, my name will be placed at the bottom of the current waiting list.

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: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Last Name: \_\_\_\_\_ Date Application Received (y/m/d): \_\_\_\_\_

First Name: \_\_\_\_\_



**Fairview Suites  
Retirement Living Application**

799 Concession Road  
Cambridge, ON N3H 4L1  
Tel: 519-653-5719

**Return to:** Sarah Mackie, Housing Coordinator  
515 Langs Drive, Main Entrance

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



**SECTION 1: ROOM SELECTION**

| Check Option | Retirement Living Options   |
|--------------|---|
|              | <b>Standard Room</b> (approximately 213 sq. ft)                   |
|              | <b>Deluxe Room</b> (approximately 240 sq. ft)                     |
|              | <b>Premier Room with Double Window</b> (approximately 280 sq. ft) |
|              | <b>2<sup>nd</sup> Person</b> (complete co-applicant information)  |

**SECTION 2: APPLICANT #1 INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mr  Ms  Miss  Mrs Birth Date(y/m/d): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 3: CO-APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mr  Ms  Miss  Mrs Birth Date(y/m/d): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_



**SECTION 4: ALTERNATE CONTACT INFORMATION**

*(For use if we cannot reach you with your own contact information)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 5: APPLICANT BACKGROUND**

Please describe your present needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any community services utilized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_