



SENIORS INDEPENDANT LIVING APPLICATION FORM

Blue Water Rest Home Inc.
37792 Zurich-Hensall Road, Zurich, ON NOM 2T0
Phone: 519-236-4373 Fax: 519-236-7685

SECTION 1

APPLICANT

DATE:

Last Name	First Name
Apartment # Box #	Street Address
Town/City	Postal Code
Home Phone Number	Cell Number
Email	Date Of Birth Month/Day/Year
Male Female	Emergency Contact
Emergency Phone Number	Emergency Contact Relationship

CO-APPLICANT (if applicable)

Last Name	First Name
Apartment # Box #	Street Address
Town/City	Postal Code
Home Phone Number	Cell Number
Email	Date Of Birth Month/Day/Year
Male Female	Relationship to Applicant

SECTION 2

Which apartment are you interested in?

Birchwoods, 1 bedroom, meal & activity pkg, utilities, \$1241/month

Cedarwoods, 1 bedroom, air conditioning, utilities, \$850/month plus Meals On Wheels Fee

Cedarwoods 2 bedroom, air conditioning, utilities, \$1000/month plus Meals On Wheels Fee

Maplewoods, 1 bedroom, utilities, \$694/month

SECTION 3

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|---|-----|----|
| 1. *MAPLEWOODS ONLY* Household Income Limit \$31,500? | Yes | No |
| 2. Is a parking space required? | Yes | No |
| 3. Do we have permission to contact you through One Call Now?
(an automated system to send texts, phone calls, and emails) | Yes | No |

SECTION 4

The property known as The West Huron Care Centre, Blue Water Rest Home, Birchwood, Maplewood and Cedarwood apartments and all associated divisions within this campus are designated as smoke free. Tenants will refrain from the smoking of tobacco or cigarettes, vaping or the burning or smoking of any other substances in any part of the building or property. Tenants will refrain from cultivating, growing, producing, purchasing, selling, distributing, or smoking (including vaping) any cannabis plant or product in any part of the building or property and shall comply with Smoke Free Ontario Act 2018.

SECTION 5 (if applicable)

If you would like an alternative contact present for the offer or would like the offer to be presented directly to someone else, please complete below.

Full Name

Phone Number

Relationship to Applicant

Applicant Signature

Date

SECTION 6

If accepted as a tenant in our Seniors Independent Living location, you agree to abide by the terms and conditions as outlined in the Tenancy Agreement.

Applicant #1 Signature

Date

Applicant #2 Signature

Date

Please update West Huron Care Centre at 519-236-4373 ext. 622 or whcc.info@westhuroncarecentre.com if your information on this application changes. Failure to do so may result in applicants name being removed from the waitlist.