

SENIORS INDEPENDANT LIVING APPLICATION FORM

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

SECTION 1

APPLICANT		DATE:			
First Name		Last 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	r	Emergency Contact Relationship			
OO ABBU LOANT ('S	P. 11.				
CO-APPLICANT (if ap	plicable)				
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 ye	ou interested in?				
Birchwoods, 1 bedroom	m, meal & activity pkg	, utilities, \$1249/month			
Cedarwoods, 1 bedro	om, air conditioning, ι	utilities, \$860/month plus Meals On Wheels Fee			
Cedarwoods 2 bedroo	om, air conditioning, ut	tilities, \$1012/month plus Meals On Wheels Fee			
Manlewoods 1 hedro	om utilities \$702/mor	nth			

SE	ECTION 3			
1.	*MAPLEWOOODS 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 🗌	
SE	CCTION 4			
th ba pa pu pu	The property known as The West Huron Care Centrichwood, Maplewood and Cedarwood apartments and its campus are designated as smoke free. Tenants will acco or cigarettes, vaping or the burning or smoking of art of the building or property. Tenants will refrain from urchasing, selling, distributing, or smoking (including veroduct in any part of the building or property and shall oct 2018.	d all assoc refrain fro f any othe cultivatin aping) an	ciated divisions with om the smoking of the er substances in an g, growing, produc ny cannabis plant on	to- y ing,
W	West Huron Care Centre, specifically Birchwoods partments, have a waitlist process that includes 2 offer hen appropriate, and then after 2 declined offers, the if the waitlist, where ever that may be at the current times.	s to an av	ailable apartment is moved to the bot	
SE	ECTION 5 (if applicable)			
	you would like an alternative contact present for the offer or would meone else, please complete below.	d like the of	fer to be presented dire	ectly to
Fu	III Name			
Pł	none Number			
Re	elationship to Applicant			
	Applicant Signature		Date	
SE	CTION 6			
COI	If accepted as a tenant in our Seniors Independent Living loc nditions as outlined in the Tenancy Agreement.	ation, you a	gree to abide by the te	rms and
	Applicant #1 Signature		Date	
	Applicant #2 Signature		Date	

Please update West Huron Care Centre at 519-236-4373 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.