



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:
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 <input type="checkbox"/> Female <input type="checkbox"/>		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 <input type="checkbox"/> Female <input type="checkbox"/>		Relationship to Applicant

SECTION 2

Which apartment are you interested in?

- Birchwoods, 1 bedroom, including meal & activity pkg
- Cedarwoods, 1 bedroom, air conditioning, including Meals On Wheels Fee
- Cedarwoods 2 bedroom, air conditioning, including Meals On Wheels Fee
- Maplewoods, 1 bedroom

Please visit www.westhuroncarecentre.com for current rates

SECTION 3

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 of West Huron Care Centre/Blue Water Rest Home, including Birchwoods, Cedarwoods and Maplewoods apartments are designated as smoke free and vape free. Tenants will refrain from the smoking and/or 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 and/or vaping any cannabis plant or product in any part of the building or property and shall comply with Smoke Free Ontario Act 2018.

Our Seniors Independent Living apartments are offered based on the current wait list. We make two offers for a Seniors Independent Living apartment by phone, and if the applicant declines both offers for that Seniors Independent Living apartment, the applicant is moved to the bottom of that apartment wait list.

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, 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 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 wait list. Please note that apartments are offered by phone only.