

# SOUTHWEST SENIOR HOUSING INC

## Assisted Living Facility

# Waiting List Application

Applicant: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Co-applicant: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Person (*next of kin*): \_\_\_\_\_

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

Phone/Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

### OFFICE USE ONLY

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

Deposit: \_\_\_\_\_

No: \_\_\_\_\_

## Accommodation

*Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choices:*

**Suites:** \_\_\_\_\_ One bedroom, one bath

\_\_\_\_\_ One bedroom, one bath, plus den

\_\_\_\_\_ Two bedroom, one bath

\_\_\_\_\_ Two bedroom, two bath

**Parking:** \_\_\_\_\_ Yes

\_\_\_\_\_ No

Special Requests: \_\_\_\_\_

## Health

Are you able to live independently? \_\_\_\_\_

Do you have any disabilities? \_\_\_\_\_

Will you require Victoria Lifeline? \_\_\_\_\_

Will you require Home Care? \_\_\_\_\_

When an application is submitted for the waiting list, a \$1000 deposit is required, which will be applied towards rent. The date application and deposit are received by the office forms the basis of the waiting list and the order in which suites are filled. The first time a suite is offered to a prospective tenant and declined, the prospective tenant remains in their current position on the waiting list. The initial \$1000 deposit is refunded if an applicant requests their name be removed from the waiting list.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE