



1307 Hillside Avenue, Victoria, BC V8T 2B3 Tel (250) 384-8058

Manager, Steve Baird Tel (250) 220-2301

Website: www.cridge.org

## APPLICATION FOR ACCOMMODATION

The Cridge Village Seniors Centre offers 2 meals per day, housekeeping services, activities, and 24-hour security for senior citizens capable of independent living.

*This is a smoke-free facility – smoking is not permitted in apartments or interior common areas.*

*This facility does not accept pets.*

This application must be completed by the applicant(s) and not by a representative. Should the applicant(s) be unable to complete this form on their own, please describe the reason in the Other Comments section.

An application does not secure residency; there is an interview and selection process.

Person 1 – Name: \_\_\_\_\_

Person 2 – Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Person 1 – Birth Date: \_\_\_\_\_ Person 2 – Birth Date: \_\_\_\_\_  
Month Day Year Month Day Year

Accommodation required: 1 bedroom ( ) 2 bedroom ( )

Vehicle parking required: Yes ( ) # of spots \_\_\_\_\_ No ( )

Requested occupancy date: \_\_\_\_\_  
Month Day Year

Contact Person in Case of Emergency:

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

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

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

Phone #s: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Physician:**

Name of Family Physician: \_\_\_\_\_

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

Name of Current Specialist (if applicable): \_\_\_\_\_

Specialty: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Are you retired?** Person 1: Yes ( ) No ( ) Person 2: Yes ( ) No ( )

**Current or Former Occupation:** Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

**Describe any mobility aid(s) that you use (eg: walker, scooter):**

\_\_\_\_\_  
\_\_\_\_\_

**Gross monthly income:** \_\_\_\_\_

**Describe your current living arrangements (e.g.: own home, condo, renting, other facility, living with family):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other Comments you feel may be important:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

This form must be returned with a REFUNDABLE \$250.00 deposit. If Accepted into residency, this will constitute 1/2 of your damage deposit. If Residency is declined, your deposit will be refunded.

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Date