

Independent Living Application Form

Applicant

First Name:

Last Name:

Date of Birth:

Phone:

Email:

Address:

City:

Province:

Co-Applicant (if applicable)

First Name:

Last Name:

Date of Birth:

Postal Code:

Accommodation

Requested Occupancy Date:

Accommodation Type:

- One-bedroom (standard)
- One-bedroom (heritage)
- Two-bedroom (heritage)

Is vehicle parking required?

Emergency Contact

First Name:

Last Name:

Relationship:

Primary Phone Number:

Secondary Phone Number:

Email:

Address:

City:

Province:

Postal Code:

Family Physician

First Name:

Last Name:

Phone:

Email:

Address:

City:

Province:

Postal Code:



Further Details:

Applicant Occupation:

Co-Applicant Occupation:

Gross Monthly Income:

Describe your current living arrangements:

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

Do you currently have Home Support assistance? With what?

Any further comments?