

KINSMEN KOURTS II 307 Davidson Street

 Assisted Living for Seniors Neepawa, MB R0J 1H0

Cell (431)351-0611

#  APPLICATION FOR RESIDENCY

 **Assisted Living Retirement Residence**

Please complete this application and email it to: danamenzies@neepawakinsmenkourts.com or

Mail to Box 101-307 Davidson Street Neepawa, MB R0J 1H0

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| **Date of Application:**  |
| **Applicant Name:** | **Applicant Birth Date (mm/dd/yyyy):** |
| **Co-applicant Name:** | **Co-applicant Birth Date (mm/dd/yyyy)** |
| **Mailing address:** PO Box: Apt. /Street No. Street Name: City: Province: Postal Code: Phone: (Home) (Cell) (Work) Email:  |
| **Your present form of accommodation is:** Please check one of the following: Renting: □ Non-Profit Housing: □ Homeowner: □ Living with family: □Other (please describe) :  |
| **Do you require parking?** Yes □ No □ (Note parking spaces are limited.)  |
| **Do you require access to Subsidy Suites?** (Note: Based on Gross Family Income of $26,000 or lower )Yes □ No □ (Proof of income , most recent Notice of Assessment as provided by Revenue Canada will be required for subsidy suites) Limited # of Subsidy Suites (15 only) |
| **Current Sources of Income:** Most recent Notice of Assessment as provided by Revenue Canada will be required prior to suite assignments. This is required from Co-applicant as well. |
| **How soon are you interested in moving in?** As soon as a suite becomes available: □ Within the next year: □ Within 2 to 5 years : □ |
| **Applications are filed according to date rec’d by our office. Suites are allocated on the basis of first commitment, first allocated.** |
|  **Food Allergies / Special Dietary Requirements** : (Note we will attempt to meet any doctor subscribed dietary requirements) |

**We do not allow smoking in any rented spaces or anywhere on our property.**

**Note we are a pet free facility (service animals only)**

**Alternate Contact Information:**

If you wish, we may contact an alternate person about your application. For example, if we are having trouble reaching you, you may wish us to contact a friend or your daughter/son. If you wish us to contact an alternative person, please include their contact information below. You may also include special instructions regarding under what conditions we may phone your alternate contact.

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| **Name:**  | **Relationship to applicant:** |
| **Home Phone #:** | **Work Phone #:** |
| **Cell Phone #:** |  |
| **Address:** |
| **Special Instructions (if relevant):**  |

|  |  |
| --- | --- |
| **Name:**  | **Relationship to applicant:** |
| **Home Phone #:** | **Work Phone #:** |
| **Cell Phone #:** |  |
| **Address:** |
| **Special Instructions (if relevant):**  |

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print name & sign)**

**Signature of Co-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print name & sign)**

**Signature of KKII Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print name & sign)**

**Date Application rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**