



APPLICATION FOR TENANCY SUPPORTIVE HOUSING

Applicant Personal Information

First Name	Last Name	Middle Name or Initial
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D.O.B:	Application Date:
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Marital Status:	Name of Spouse:
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Mailing Address:

Current Residence Address:

Phone Number	(H)	(C)
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Do you have any health concerns that need extra consideration? (eg; a suite closer to dining room or exit due to mobility) Yes__ No__ (if yes please indicate)
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Are you able to live independently with or without Home Care assist? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Home Care Worker:
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Is there an urgency to move due to a special circumstance? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please give details)
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Do you have any food allergies or require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please indicate type of diet or food allergy)

Additional Contact Name

Name:
Phone: () - Cell Phone: () -
Address:
Relationship:

Please inform Buhler Active Living Centre of any changes of information. An annual update of this application is required to ensure The Buhler Active Living Centre has the most current and correct information to ensure your name remains on the waiting list. Phone (204) 331-4646

Signature of Applicant : _____ Date: / /

Form filled out by (if other than applicant) _____ Date: / /

Return to:

Mike Chute, Executive Director

OFFICE USE ONLY

Name:

Date Application received: / /

Move in Date: / /

Building & Suite number: _____

Office Signature: _____ Date: / /

At staff **discretion**- request for a Non-family Reference:

Comments:

Buhler Active Living Centre
650 S. Railway Ave
Winkler, Mb R6W 0L6