

**APPLICATION FOR TENANCY
THE VILLAGES**

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 require some assistance/supervision with activities of daily living (eating bathing dressing &/or toileting) Yes _____ No ____ If Yes Please provide details:
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Is there an urgency to move due to a special circumstance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes please give details)</i>

Do you have any food allergies or require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes please indicate type of diet or food allergy)</i>
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Additional Contact Name

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

Please inform The Villages of any changes of information. An annual update of this application is required to ensure 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
The Villages
650 S Railway Ave, Winkler Mb
(204) 331 4646 EXTN 102

