

## CRAIGWIEL GARDENS APARTMENTS

### Tennant's Application Form

<b>Applicant Name(s):</b>	
<b>Current Address:</b>	
<b>Phone Number(s):</b>	
<b>Email:</b>	

What type of Apartment do you prefer?

<b>1<sup>st</sup> Choice:</b>	1 Bedroom <input type="checkbox"/>	2 Bedroom <input type="checkbox"/>	2 Bedroom Deluxe <input type="checkbox"/>
<b>2<sup>nd</sup> Choice:</b>	1 Bedroom <input type="checkbox"/>	2 Bedroom <input type="checkbox"/>	2 Bedroom Deluxe <input type="checkbox"/>

Are you ready to move in ☐ **1-6mths** ☐ **7-12mths** ☐ **1-2yrs or more**

Do you have a family member residing in Craigwiel long-term care home. **YES** ☐ **NO** ☐

Who may we notify as an alternate contact?

Name:	
Address:	
Phone:	
Relation:	

If accepted in the Craigwiel Seniors Citizens Apartments, I/we agree to strive to help meet the goals and objectives of the apartment community, abide by the residency requirements and Code of Conduct of Craigwiel Gardens, and be willing to sign a tenancy agreement. I/we understand that I/we must be at least sixty (60) years of age, or involuntarily retired from the work force and at least fifty (50) years of age.

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

