

CRAIGWIEL GARDENS APARTMENTS Tenant's Application Form

Applicant Name(s):	DOB: _____
Current Address:	DOB: _____
Phone Number(s):	
Email:	

What type of Apartment do you prefer?

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

Are you ready to move in **1-2 months** **3-4 months** **5-6 months** or **more**

Are you from or living in North Middlesex County currently? **YES** **NO**

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

If yes, please provide the family member's name: _____

Do the above-named applicant(s) smoke? **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, Rules & Regulations, and be willing to sign a tenancy agreement.

I/we understand that I/we must be at least sixty (60) years of age to apply/reside in the apartments.

