



# CEDAR VALLEY MANOR

## TENANCY APPLICATION FORM

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please check one:*    One bedroom    Two bedroom    Wheelchair Accessible Suite

### **General Information:**

The information you are providing is your current status at the time of application. You will be asked to update this information when a suite becomes available and is being considered for you.

### **1. Current Living Arrangements:**

- Own home                       Living with Family or Others                       Mobile Home  
 Apartment or Condo                       Supportive Housing Facility  
 Other: \_\_\_\_\_

### **2. Transportation (please check as many as apply):**

- Drive Own Vehicle                       Use Scooter                       Public Transportation  
 Rely on Others for Transportation

### **3. General Health and Assistance Needs:**

From your perspective, your general health is now:

- Excellent                       Good                       Poor

**Mobility (please check one):**    Walking Independent    Walking Independent with aids/assistance.

Describe aids used if needed: \_\_\_\_\_

Are you able to manage stairs:                       Yes                       No

In the past six months have you experienced a fall:                       Yes                       No

In the past six months have you experienced confusion or become lost on a walk or outing:

- Yes                       No

Please provide any additional information that should be known prior to further assessment and eligibility review:

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Are you moving from a residence or building that has been infested by bed bugs or silver fish:

Yes       No

It is understood and agreed that:

1. Mission Association for Seniors Housing considers all information that you provide as confidential and will use it only for purposes of this application.
2. This application does not obligate you or Mission Association for Seniors Housing in any way.
3. If you are being considered for ownership and meet the eligibility criteria for one of the Society's Life Lease suites, the Society will need to request medical and financial information for verification purposes.
4. A thorough review of information in this application along with updates in your health status and an interview will precede a final decision regarding tenancy.
5. When a final decision regarding eligibility has been made, the applicant and Tenant Services Manager and Executive Director will meet to review and sign the contract.
6. This information may be disqualified if it is found to contain inaccurate or false information.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

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Applicant

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Mission Association for Seniors Housing Representative