

VILLA BEAUREPAIRE
APPLICATION FORM
(please print clearly)

Please note that Villa Beaurepaire serves seniors from the **age of 60-74 years** of age with a **slight loss of autonomy**, and those **over 75** who are **fully autonomous**.

GENERAL INFORMATION *All information is confidential*		
NAME:		AGE:
NAME:		AGE:
Relationship between applicants:		
ADDRESS:		
POSTAL CODE:		Years at this address:
PREVIOUS ADDRESS:	TOWN:	Years at this PREVIOUS address:
TELEPHONE:		
EMAIL:		
HOME OWNER or TENANT:	() home owner () tenant - lease finishes on _____	
HOUSEHOLD INCOME *:	() \$27,000 and less	
(ie. employment income,	() between \$27,001 and \$30,000	
pensions, income security)	() between \$30,001 and \$45,000	
*combined income	() between \$45,001 and 65,000	
	() \$65,001 and more	
NOTE:	A COPY OF LAST INCOME TAX ASSESSMENT WILL BE REQUIRED AT INTERVIEW	
SIZE OF APT DESIRED	() studio () 1 bedroom () 2 bedroom	

Kindly provide a letter of reference from current landlord (if applicable) and one personal reference.
Current rent/mortgage payment (monthly) _____
Do you agree to a credit check? Yes ____ No ____

PERSONAL INFORMATION	YES	NO	SOMETIMES
Do you require a parking space?			
Do you use public transport?			
Do you need assistance to travel around the community?			
Do you smoke?			
Do you have a pet? Please note, only cats are permitted. (no more than 2, see policy for more details)			
When walking, do you need: <input type="checkbox"/> cane? <input type="checkbox"/> walker? <input type="checkbox"/> wheelchair?			
Do you require assistance in your daily activities? (ie. Bathing, laundry, groceries, meal preparation)			
Do you follow a special diet? (If YES, please indicate specific below)			

If you need a special diet, please indicate what your needs are:

In general, why do you want to move? _____

Please return to: Villa Beaurepaire
23 Fieldfare
Beaconsfield, Qc
H9W 4W4

Tel: 514 697 0123