

KINSMEN COURTS II

Assisted Living for Seniors



307 Davidson Street
Neepawa, MB R0J 1H0
Cell (431)351-0611

APPLICATION FOR RESIDENCY Assisted Living Retirement Residence

Please complete this application and email it to: KinsmenCourts2@yahoo.com or Mail to Box 1842 Neepawa, MB R0J 1H0

Date of Application: _____	
Applicant Name: _____	Applicant Birth Date (mm/dd/yyyy): _____
Co-applicant Name: _____	Co-applicant Birth Date (mm/dd/yyyy) _____
Mailing address: PO Box: _____ Apt. /Street No. _____ Street Name: _____ City: _____ Province: _____ Postal Code: _____ Phone: (Home) _____ (Cell) _____ (Work) _____ Email: _____	
Your present form of accommodation is: Please check one of the following: Renting: <input type="checkbox"/> Non-Profit Housing: <input type="checkbox"/> Homeowner: <input type="checkbox"/> Living with family: <input type="checkbox"/> Other (please describe) : _____	
Do you require parking? Yes <input type="checkbox"/> No <input type="checkbox"/> (Note parking spaces are limited.)	
Do you require access to Subsidy Suites? (Note: Based on Gross Family Income of \$26,000 or lower) Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of income , most recent Notice of Assessment as provided by Revenue Canada will be required for subsidy suites) Limited # of Subsidy Suites (15 only)	
Current Sources of Income: Most recent Notice of Assessment as provided by Revenue Canada will be required prior to suite assignments. This is required from Co-applicant as well.	
How soon are you interested in moving in? _____ As soon as a suite becomes available: <input type="checkbox"/> Within the next year: <input type="checkbox"/> Within 2 to 5 years : <input type="checkbox"/>	
Applications are filed according to date rec'd by our office. Suites are allocated on the basis of first commitment, first allocated.	
Food Allergies / Special Dietary Requirements : (Note we will attempt to meet any doctor subscribed dietary requirements)	

**We do not allow smoking in any rented spaces or anywhere on our property.
Note we are a pet free facility (service animals only)**

Alternate Contact Information:

If you wish, we may contact an alternate person about your application. For example, if we are having trouble reaching you, you may wish us to contact a friend or your daughter/son. If you wish us to contact an alternative person, please include their contact information below. You may also include special instructions regarding under what conditions we may phone your alternate contact.

Name:	Relationship to applicant:
Home Phone #:	Work Phone #:
Cell Phone #:	
Address:	
Special Instructions (if relevant):	

Name:	Relationship to applicant:
Home Phone #:	Work Phone #:
Cell Phone #:	
Address:	
Special Instructions (if relevant):	

Signature of Applicant: _____ (please print name & sign)

Signature of Co-Applciant: _____ (please print name & sign)

Signature of KKII Representative: _____ (please print name & sign)

Date Application rec'd: _____