Abbeyfield HOUSE
DOMINION CITY

Application for Residency

This application should include:

a. Most recent Notice of Assessment from the CRA (Canadian Revenue Agency) to determine income eligibility.

b. A $250 application fee

Please make cheques payable to Emerson-Franklin Heritage Holdings Inc.

If you move into Abbeyfield House on the first of the month following the date on this application, the fee will be refunded. After the first, the fee will hold a suite up to 60 days but will become non-refundable.

SECTION 1 | Introduction

Date of application: _____/_____/_____ (month / date / year) Suite preference: ☐ Small (290sqft) ☐ Large (350-418sqft)

When do you wish to become an Abbeyfield Resident: _____

SECTION 2 | Contact Information

Phone: ( ) _____ Email: _____

Current Address: _____

_____

SECTION 3 | Resident (1) Information

Suites are available for individuals and couples. ***Please fill out section three and four if you are applying as a couple.***

Name: _____ (First / Last) Date of birth: _____/_____/_____ (month / date / year)

Do you currently receive Home Care? ☐ Yes ☐ No

Do you currently have any accessibility issues? ☐ Yes ☐ No

Do you have any special dietary needs? ☐ Yes ☐ No

SECTION 4 | Resident (2) Information

Please fill out this section ***only if you are applying as a couple.***

Name: _____ (First / Last) Date of birth: _____/_____/_____ (month / date / year)

Do you currently receive Home Care? ☐ Yes ☐ No

Do you currently have any accessibility issues? ☐ Yes ☐ No

Do you have any special dietary needs? ☐ Yes ☐ No

SECTION 5 | Sponsor

Abbeyfield House Dominion City requres a responsible relative or friend (local if possible) who would take an interest in your well-being and who would accept certain responsibilities as a Sponsor on your behalf during your term as a resident at Abbeyfield.

Sponsor Information

Name: _____ Phone: ( ) _____
first last

Address: _____

_____

Email: _____ Relationship: _____

SECTION 6 | Next-of-kin

***Only** fill out this information if it is different from above mentioned sponsor*

Name: _____ Phone: ( ) _____
first last

Address: _____

_____

Email: _____ Relationship: _____

SECTION 7 | Declaration

I wish to apply to live in Abbeyfield House Dominion City and am able to provide the required furniture for my room. I understand that I am responsible for maintaining all my furnishings and medical devices, if any.

I understand that charges may, from time to time, be increased as authorized by the Abbeyfield House Dominion City Board.

I understand that the House Manager's duties do not include overseeing my medications or providing other types of medical assistance. I agree to prevent access to my medications by others by keeping them in a secure place in my room.

I understand that nursing care is **not** provided. In the event of serious illness, where it would be necessary for me to go hospital or other facility, I give my permission for an ambulance to be called at my expense.

I understand that this is a non-smoking facility.

If, after signing the lease, I wish to terminate the lease at Abbeyfield House, I will give Abbeyfield House proper notice (as noted in the current lease) in writing or payment in lieu of such notice. I will make arrangements to have my furniture and other belongings removed by the end of the last day of my residency.

I understand that this application will form as part of the lease for the suite should my application be accepted.

Upon being accepted as a resident, I understand that I will be expected to sign a lease with Abbeyfield House Dominion City.

Signature _____ Signature _____
Resident Resident Two (if applicable)

Date _____ Date _____