

KIWANIS HOUSING

Another Kiwanis Project
BRYANT DRIVE HOLDINGS INC.
11 Bryant Drive Sussex, NB E4E 2P3
Tel: (506)432-3118 ext 105 Fax: (506)432-3104
www.kiwanisnursinghome.com

APPLICATION FOR RESIDENCY

Confidential: Information provided will be used to evaluate your application and will be kept confidential.

IT MAY BE NOTED OUR ACCOMODATIONS ARE "NON SMOKING" UNITS ONLY, AS WELL "PETS ARE NOT ALLOWED".

APPLICANT: Full name (Please underline first name used.)

SURNAME GIVEN NAMES TELEPHONE NUMBER

ADDRESS:

STREET TOWN OR CITY PROVINCE POSTAL CODE

Do you have a friend/relative who resides at Kiwanis Nursing Home or Kiwanis Apt. Complex?
YES NO

How long have you lived in N.B. _____
NAME OF FRIEND/RELATIVE TELEPHONE NO

Members of household who will be living in house:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

PRESENT ACCOMMODATIONS:

<u>Present Landlord</u>	<u>Address</u>	<u>Date From/to</u>	<u>Monthly Rent</u>
_____	_____	_____	_____

PERSONS TO CONTACT IN AN EMERGENCY:

NAME ADDRESS TEL. NO

REFERENCES:

NAME ADDRESS TEL. NO.

NAME ADDRESS TEL. NO

I hereby certify that the information contained in this application is correct and complete in every respect to The best of my knowledge and authorize all inquiries deemed necessary.

SIGNATURE DATE