

# KIWANIS APARTMENTS

Another Kiwanis Project  
BRYANT DRIVE HOLDINGS INC.  
17 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 SHOULD 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:**

Present Landlord Address Date From/to Monthly Rent

### **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