

**STRATHROY & DISTRICT CHRISTIAN RETIREMENT ASSOC.
O/A TRILLIUM VILLAGE
400 Dominion Street
Strathroy ON N7G 3G8**

Tenant Application Form

Name: _____ Birth Date: _____

Address: _____

_____ Phone #: () _____

Marital Status: Single _____ Married _____ Widowed _____

If Married, Spouse's Name: _____ Birth Date: _____

Next of Kin: (Please List Two)

Name _____ Name _____

Address _____ Address _____

Relationship _____ Relationship _____

Phone # _____ Phone # _____

Church Affiliation _____ Pastor's Name _____

Family Doctor _____ Phone Number _____

Apartment desired: Handicapped Unit ___ 1 Bedroom ___ 2 Bedroom ___

Preferred location: Doesn't Matter ___ Maple Court ___ Cedar Court ___
 Elm Court ___ Concorde ___

When do you wish to move in? As soon as possible _____ Later (will notify) _____

Do you need financial assistance to meet rental payments? Yes _____ No _____

Do you need a parking space? Yes _____ No _____

Do you have a pet? Yes _____ No _____ Type _____

Smoker (non refundable deposit required) _____ Non Smoker _____

If accepted in this Seniors designated facility, I (we) agree to strive to help meet the goals and objectives of the apartment community, abide by the residency requirements and be willing to sign a tenancy agreement.

Date: _____

Signature(s) _____
