

220, 877 – 64th Avenue NW

Calgary, AB T2K 5J4

403-274-8383

Fax 403-274-8384

Westbourne Place is a “Non-Smoking Independent Living Facility”. It is a low-income apartment building for people 65 years and older that can live, cook, and care for themselves independently. Our apartments have their own kitchen, bathroom and are completely self-contained.

1. Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

6. Birth date: (mm/dd/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Age: \_\_\_\_\_\_\_\_

8. Do you smoke? Yes \_\_\_ No \_\_\_\_

**Must be a non-smoker for a minimum of 2 years.**

**with doctor’s confirmation in the required medical form.**

1. Marital Status: Single \_\_\_\_ Married \_\_\_\_Widow\_\_\_\_ Widower \_\_\_\_ Divorced \_\_\_\_
2. **If there are 2 people applying, we need separate applications for each applicant.**
3. Name of Husband or Wife: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Please List Children: (If no children, please list siblings or etc.…)** | | | |
| **Name:** | **Address:** | **Phone Number:** | **Relationship:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

12.

|  |  |  |  |
| --- | --- | --- | --- |
| **Whom do we notify in case of emergency?** | | | |
| **Name:** | **Address:** | **Phone Number:** | **Relationship:** |
|  |  |  |  |
|  |  |  |  |

13.Previous Landlord/Person reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Years at this address/How many years have you known this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact the above person for a reference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Have you ever:

Are you currently in bankruptcy? \_\_\_\_\_\_Yes \_\_\_\_\_No

Been convicted of a crime? \_\_\_\_\_\_Yes \_\_\_\_\_No

Failed to pay rent when due? \_\_\_\_\_\_Yes \_\_\_\_\_No

Been evicted? \_\_\_\_\_\_Yes \_\_\_\_\_No

15. Please call for the consideration of per month pricing current pricing for a bachelor suite or

for a one-bedroom suite. and the additional fees for electricity are per Month. If you require a Parking stall the cost for that is per month. If I am to rent a suite in Westbourne Place, this includes water and gas. As a tenant you will be responsible for telephone, cable TV and internet.

**The rent is to be paid on or before the first of each month**. **No exceptions**.

**\*\*Prices are subject to change\*\***

16. It is agreed that I may terminate my stay at Westbourne Place by giving one tenancy month’s written notice.

1. It is also agreed that Westbourne Place has the right to terminate the stay of tenants who cannot adjust to the guidelines laid down by Westbourne Place by giving that tenant Thirty days written notice.
2. Westbourne Place is not responsible for any personal property brought into the Suite (building), which includes money and securities.
3. Total Monthly income from all sources: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Power of Attorney: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Held by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have a will? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Attorney or Executor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Burial Plans? Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Health:** I agree that a thorough medical examination by a licensed physician and his signed statement of the condition of my health is required to meet the requirements to live in Westbourne Place. I understand that Westbourne Place (Westbourne Baptist Benevolent Association) is not prepared nor permitted to service residents who are unduly mentally disturbed, in need of restraint, are alcoholic, or have become too ill to look after themselves; I agree that Westbourne Place has a right to terminate the stay of such residents. \*\*If this should happen, my near relatives or guardians will co-operate in finding a suitable place to service my needs. I am willing to submit to a physical examination by a doctor representing Westbourne Place, if this becomes necessary.\*\*
8. Due to space limitations in our hallways and elevators, wheelchairs and scooters are not permitted in Westbourne Place.
9. I declare all information submitted to be true. I agree that Westbourne Baptist Benevolent Association (WBBA/ Westbourne Place) may terminate any agreement entered if any untrue or inaccurate statement has been made. I agree that WBBA is allowed to make inquiries to verify all information submitted and release WBBA from all liability with respect to the gathering of this information.

**Please Note:** By signing this form I give the right for Westbourne Place to collect and hold in confidence the information above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date