



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. We encourage many social programs as a ministry to each of our residents.

1. Name: (Please Print) _____
2. Address: _____
3. Phone: _____ Cell: _____
4. Email address: _____ 5. Sex: Male _____ Female _____
6. Birth date: (mmm/dd/yyyy) _____ 7. Age: _____
8. Do you smoke? Yes ___ No ___
9. Marital Status: Single ___ Married ___ Widow ___ Widower ___ Divorced ___
10. Name of Husband or Wife: _____
- 11.

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. Present/Last landlord’s Name: _____ Phone: _____
 Years at this address: _____
If less than one year at this address:
 Previous Landlord: _____ Phone: _____
 Years at this address: _____

14. Have you ever:

Filed for bankruptcy? _____ Yes _____ No

Been convicted of a crime? _____ Yes _____ No

Failed to pay rent when due? _____ Yes _____ No

Been evicted? _____ Yes _____ No

15. Payments: For the consideration of \$625.00 per month for a bachelor suite or \$725.00 per month for a one-bedroom suite, I am to rent a suite in Westbourne Place; this includes all utilities except telephone, cable TV and internet. The rent is to be paid by the first of each month.

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

17. 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.

18. Westbourne Place is not responsible for any personal property brought into the Suite (building), which includes money and securities.

19. Total Monthly income from all sources: \$ _____

20. Safe Deposit location: _____ Key Holder: _____

21. Power of Attorney: Yes: _____ No: _____ Held by: _____

22. Do you have a will? Yes: _____ No: _____ Attorney or Executor: _____

23. Burial Plans? Contact: _____

24. **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 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.

25. Due to space limitations in our hallways and elevators, wheelchairs and scooters are not permitted in Westbourne Place.

26. I declare all information submitted to be true. I agree that Westbourne Baptist Benevolent Association (WBBA/ Westbourne Place) may terminate any agreement entered into 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