

**Betel Heritage Foundation / Waterfront Centre**

**55+ Independent Living Complex**

106 – 94 1<sup>st</sup> Avenue, Gimli, MB R0C 1B1

Phone: 204-642-4611 Fax: 204-642-9382 Email: waterfrontcentre@mts.net

**CONFIDENTIAL APPLICATION FOR TENANCY**

**\*LIFE LEASE APPLICATION - \$1,000.00 REFUNDABLE FEE**

**\*APARTMENT APPLICATION – NO FEE**

**THE LIST IS NON-TRANSFERABLE BETWEEN LIFE LEASE AND APARTMENT WAITING LIST**

The following information is required from all applicants to determine eligibility for housing. Incomplete applications cannot be processed. All information is kept in strict confidence in accordance with the Freedom of Information and Protection of Privacy Act.

**APPLICATION IS FOR: 2 Bedroom LIFE LEASE \_\_\_\_\_ 1 Bedroom APARTMENT \_\_\_\_\_**

**\*LIFE LEASE APPLICANTS: \_\_\_\_\_ \$1000 cheque made out to 'Waterfront Centre' is enclosed**

**NAME OF APPLICANT: \_\_\_\_\_ AGE: \_\_\_\_\_**

**NAME OF CO-APPLICANT: \_\_\_\_\_ AGE: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_**

**TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ Email: \_\_\_\_\_**

**HEALTH:** Is there any medical history that may affect your ability to live independently and that requires additional support beyond routine Homecare / Seniors Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

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

**PARKING:** Do you require a parking space? Yes \_\_\_ No \_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

How long have you lived at this current address? \_\_\_\_\_

Do you currently Rent \_\_\_ Own \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Landlord's Name and Phone (if applicable): \_\_\_\_\_

**PERSONAL REFERENCES:** NAME and PHONE #'s

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**DECLARATION:** *\*Note: Top 3, indented declarations apply to Life Lease applicants only\**

**\*I/We have enclosed a deposit of \$1000.00 as I/we are ready and committed to accept a Life Lease suite when available at the Waterfront Centre.**

**\*I/We understand the \$1000.00 deposit will be applied to the first months' rent, subject to acceptance as a tenant.**

**\*I/We understand to request a deposit refund we must submit a written request to withdraw the application from the Waterfront Centre waiting list.**

**I/We declare that all the information in this application is correct and hereby authorize the Betel Heritage Foundation and/or its Agent to verify any or all of the information contained herein.**

**I/We understand that the Waterfront Centre is for people seeking 55+ independent housing and understand there is no on-site personal care support, therefore we are capable of living on our own.**

**I/We will contact the Waterfront Centre should our contact information change. Names will be removed off the waiting list if the contact information is not updated and deemed out of service.**

**I/We understand that the Waterfront Centre is a pet free, non-smoking building.**

**DATE:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF SPOUSE:** \_\_\_\_\_

*If you have any questions please contact the Building Manager at 204-642-4611 or waterfrontcentre@mts.net*