

The Ontario Finnish Resthome Association

Independent Living Application Form

725 North Street Sault Ste. Marie, ON P6B 5Z3
 Phone: (705) 945-9987 Fax: (705) 945-1217
 e-mail: info@theofra.org web: <http://ontariofinnishresthome.ca/>



SELECT DESIRED BUILDING(S): SUOMI EESTI MAJA UUSI KOTI

1. PERSONAL INFORMATION:		
	Applicant	Co-Applicant
Name		
Address		
City & Postal Code		
Telephone		
Date of Birth		
Health Card #		
Previous Address		
City & Postal Code		
Landlord's Name & Phone Number		
Credit Reference Information	Contact Name: Phone Number:	Contact Name: Phone Number:
Alternative Contact's Name: Do you wish your mail sent to this address: YES <input type="checkbox"/> NO <input type="checkbox"/> Do you wish us to contact this person when an apartment become available: YES <input type="checkbox"/> NO <input type="checkbox"/> Name: _____ Relationship: _____ Address: _____ City: _____ Postal Code: _____ Telephone: Home: _____ Work: _____ Cell: _____		
Alternative Contact's Name: Do you wish your mail sent to this address: YES <input type="checkbox"/> NO <input type="checkbox"/> Do you wish us to contact this person when an apartment become available: YES <input type="checkbox"/> NO <input type="checkbox"/> Name: _____ Relationship: _____ Address: _____ City: _____ Postal Code: _____ Telephone: Home: _____ Work: _____ Cell: _____		
Other Information:		
Ethnicity: Are you of Finnish or Estonian ancestry?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Apartment: What type of apartment are you interested in?		
One Bedroom <input type="checkbox"/>	Two Bedroom <input type="checkbox"/>	Ground Floor <input type="checkbox"/> Handicap Unit <input type="checkbox"/>
Vehicle: Will you require a parking spot for a vehicle?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Note: Rent includes 1 parking space. Additional spaces, <i>if available</i> , are \$25.00 per month. No electrical outlets are provided.		
DECLARATION:		
I (we) declare that the information submitted on this form is correct and authorize the Ontario Finnish Resthome Association to verify any or all of the information herein.		
Applicant's Signature: _____		Date: _____
Co-Applicant's Signature: _____		Date: _____
Application Received by: _____		Date: _____