



## EDELHEIM APARTMENTS INC.

### Application for Residency

NAME(S) OF APPLICANT(S)		1.
		2.
ADDRESS:		
CITY:		POSTAL CODE:
EMAIL:		
HOME PHONE:		CELL:
DATE OF BIRTH:	1.	2.
	(Day/Month/Year)	(Day/Month/Year)
CONTACTS: (Children, Relative, Friend)		
1.		Relationship:
ADDRESS:		
CITY:		POSTAL CODE:
HOME PHONE:		CELL:
2.		Relationship:
ADDRESS:		
CITY:		POSTAL CODE:
HOME PHONE:		CELL:
PERSON TO CONTACT REGARDING APPLICATION IF OTHER THAN APPLICANT:		
NAME:		
HOME PHONE:		CELL:
WILL YOU REQUIRE A PARKING SPACE?		YES <input type="checkbox"/> NO <input type="checkbox"/>
APARTMENT LOCATION PREFERENCE: UPPER FLOOR <input type="checkbox"/> LOWER FLOOR <input type="checkbox"/>		
APARTMENT SIZE PREFERENCE: ONE BEDROOM <input type="checkbox"/> TWO BEDROOM <input type="checkbox"/> (Couples only)		

WHEN DO YOU WISH TO MOVE IN?
I UNDERSTAND THAT BY SUBMITTING THIS APPLICATION I AM PLACED ON A WAITING LIST FOR AN APARTMENT AND WILL BE NOTIFIED WHEN AN APARTMENT IS AVAILABLE.
I DECLARE THE INFORMATION SUPPLIED BY BE IS CORRECT AND I UNDERSTAND THAT IT WILL BE TREATED WITH CONFIDENTIALITY. I AGREE TO SUPPLY WHATEVER OTHER INFORMATION MAY BE REQUIRED TO PROCESS MY APPLICATION.
I UNDERSTAND THE QUOTED RENTS MAY CHANGE BEFORE I BECOME A TENANT.
1. SIGNATURE OF APPLICANT:
2. SIGNATURE OF APPLICANT:
DATE SIGNED:

Please forward completed application by mail or delivery to:  
 Albright Manor  
 5050 Hillside Drive  
 Beamsville, ON, L0R 1B2

Or Email: [info@albrightcentre.ca](mailto:info@albrightcentre.ca)