



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?
<p>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.</p> <p>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.</p> <p>I UNDERSTAND THE QUOTED RENTS MAY CHANGE BEFORE I BECOME A TENANT.</p>
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: jennifer.vandenberg@albrightcentre.ca