

Date Received: \_\_\_\_\_

# OLIVER PLACE APPLICATION FORM

**NOTE:** Effective May 1, 2008, C.M.H.C. regulations require the gross annual income to be under \$44,500 per year for a single person and \$54,000 for a couple to be eligible to rent a suite at Oliver Place.

**NAME:** \_\_\_\_\_  
*Last Name, First Name* *Spouse's Last Name, First Name - if applicable*

**ADDRESS:** \_\_\_\_\_  
*Street or Box Number*

\_\_\_\_\_

*City* *Province* *Postal Code*

**PHONE:** \_\_\_\_\_ **MARITAL STATUS:**  Married  Single  Widow  Divorced

**DATE OF BIRTH:** \_\_\_\_\_ **SPOUSE'S DATE OF BIRTH:** \_\_\_\_\_  
*day/month/year* *day/month/year*

\*\*\*\*\*

1. Describe present living conditions: \_\_\_\_\_  
\_\_\_\_\_

2. Do you presently receive services from Home Care?  Yes  No  
If yes, list services received:  
\_\_\_\_\_

3. Do you receive help from other sources? (family, friends, neighbours, etc.)  Yes  No  
If yes, list help received (shopping, meals, etc.):  
\_\_\_\_\_

4. Please explain your reasons for wanting to leave your present accommodation and acquire accommodation in Oliver Place.  
\_\_\_\_\_  
\_\_\_\_\_

5. List any medical conditions or physical disabilities. \_\_\_\_\_  
\_\_\_\_\_

