



Application Form

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Date of Birth: ___/___/_____
(dd)(mm)(y y y y)

Contacts:

(1) Name: _____

(2) Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Requested Apartment Size:

- Studio
 1 Bedroom
 Delux 1 Bedroom
 2 Bedroom

Present Living Arrangements:

- Self-contained apartment
 With family
 Own home
 Other _____

Income Information: (Please submit all income as reported in your last income tax Notice of Assessment. Please note all information is kept confidential)

Monthly Income:

- Old Age Security \$ _____
 - Provincial Assistance \$ _____
 - War Veterans \$ _____
 - Disability Pension \$ _____
 - Canada Pension Plan \$ _____
 - Other Pensions \$ _____
- Total Monthly Income \$ _____**

Name, address and telephone of present Landlord: (May we contact - Yes ___ No ___)

Name, address and telephone of a character reference: (not family)

I declare this information to be correct – in both the **Application Form and Tenant Needs Assessment Form**. I understand that this application does not constitute an agreement on the part of Rideout / Williston House to provide me with rental accommodations, and I further acknowledge that is application is the property of Cove Retirement Living. I hereby authorize you or your agent to make any inquiries you deem necessary to verify the above statements.

Signature: _____

Date: _____

Tenant Needs Assessment Form

Name: _____

Date of Birth: ___/___/_____
(dd)(mm)(y y y y)

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

email: _____

Health Card # (MSI) _____

Private Health Insurance: _____

_____ (initial)

I give permission to the Cove Retirement Living to contact any of the below supporting network:

Supporting Network (List of children, family, or friends involved)

Name: _____

Phone: _____ Relation: _____

Name: _____

Phone: _____ Relation: _____

Name: _____

Phone: _____ Relation: _____

Power of Attorney (POA): _____

Emergency Contact: _____

Family Physician: _____ Phone: _____

List of Current Medication or Treatment:

Dosage or Procedure

Date Ordered

1. _____

2. _____

3. _____

4. _____

5. _____

Any Drug Allergies? Yes ___ No ___

If yes, what allergies? _____

Any Hospitalizations in past year? Yes ___ No ___

If yes, for what? _____

Any recent Surgeries? Yes ___ No ___

If yes, for what? _____

Health History and any current medical conditions:

Date of 1st Covid 19 Vaccine: ___ / ___ / ___-___-___ (dd)(mm) (y y y y)	Date of Pneumovax Vaccine: ___ / ___ / ___-___-___ (dd)(mm) (y y y y)
Date of 2nd Covid 19 Vaccine: ___ / ___ / ___-___-___ (dd)(mm) (y y y y)	Date of last Flu Vaccine: ___ / ___ / ___-___-___ (dd)(mm) (y y y y)
Date of 3rd Covid 19 Vaccine: ___ / ___ / ___-___-___ (dd)(mm) (y y y y)	

Personal Health Questions:

1) Approximate Weight: _____ pounds

2) Approximate Height: _____ feet _____ inches

3) Use of Hands and Arms:

Right: _____ Normal use _____ Impaired use _____ No use _____ Amputation

Left: _____ Normal use _____ Impaired use _____ No use _____ Amputation

4) Use of Legs and Feet:

Right: _____ Normal use _____ Impaired use _____ No use _____ Amputation

Left: _____ Normal use _____ Impaired use _____ No use _____ Amputation

Do you use a Cane _____ Walker _____ or Wheelchair _____ ?

5) Habits:

	Yes	No	Comment
a. Normal bladder control?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Normal bowel control?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Ability to speak normal?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comment
d. Normal eyesight or with glasses?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Normal hearing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Do you wear Hearing Aids?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Any dietary Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Any difficulty chewing/swallowing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Dentures? Upper	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lower	<input type="checkbox"/>	<input type="checkbox"/>	_____
Partial plate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a good appetite?	<input type="checkbox"/>	<input type="checkbox"/>	_____

6) Personal Care:

a. Able to dress self?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Able to look after own medication?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Able to walk without assistance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Able to use shower without help?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Able to make your own bed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Do you look after your own foot care?	<input type="checkbox"/>	<input type="checkbox"/>	_____

7) Personal Finances/Banking:

a. Do you handle you own financial affairs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Do you have a Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Are you still living in own home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Do you have a Do Not Resuscitate Order?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Do you own your own vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	_____

8) Memory / Orientation:

a. Has there been signs of memory loss?	<input type="checkbox"/>	<input type="checkbox"/>	_____
- short term memory?	<input type="checkbox"/>	<input type="checkbox"/>	_____
- long term memory?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you seek Medical Guidance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Safety concerns with stoves?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Falls in the last 5 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Unit Rental Rates

Williston House 2025

One Bedroom Unit	- \$2965.00/month (for 2 nd person add \$700/month)
Two Bedroom Unit	- \$3485.00/month (for 2 nd person add \$700/month)
Studio Unit	- \$2365.00/month

Rideout House 2024

One Bedroom Unit	- \$2965.00/month (for 2 nd person add \$700/month)
Deluxe One Bedroom	- \$3065.00/month (for 2 nd person add \$700/month)
Two Bedroom Unit	- \$3485.00/month (for 2 nd person add \$700/month)

Additional Services

- **Hair Salon** Prices vary.
- **Cable TV & Phone** \$115.00/ month
 - Full Tier Cable TV
 - HD TV
 - 1 Digital Receiver
 - Local Phone
 - All Features With Voicemail
 - Long Distance
 - WIFI internet
- **Emergency Call System** \$25.00/month

A security deposit is required.
Cheque made out to Community Lodge Housing Society.
A lease agreement of one year will be arranged.