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www.yorkdevelopments.nb.ca

**CONFIDENTIAL APPLICATION FORM
SUPPORTIVE HOUSING**

DATE:

A) APPLICANT

Name:

Home Phone #

Date of Birth:

Address:

How long

Do you have a Power of Attorney? _____

Contact Reference:

Relationship:

Address:

Contact #:

Personal Reference:

Do you smoke?

B) HISTORY OF RESIDENCY (if above less than 5 years)

Address:

How long:

Name of Landlord:

Phone:

Do you currently live in subsidized housing? _____

If yes, where and name of development: _____

Continued on reverse....

C) ADMISSIONS CRITERIA

- Applicants must be 60 years of age or over; with special exceptions to persons 50 years of age or over and involuntarily retired from the work force due to a disability.
- Your income cannot be over \$22,000 per year.
- You must be willing to purchase the services offered (housekeeping, laundry and meals).
- Rent is calculated at 30% of total income. You must provide a copy of your latest income tax return. This process must be completed annually.
- All tenants are required to sign a lease.
- All tenants are required to have a Power of Attorney. If you do not currently have one please provide the name of your Power of Attorney within 60 days after your move into our facility.

WHICH OF THE FOLLOWING SERVICES DO YOU CURRENTLY RECEIVE?

SERVICE	HOURS PER DAY
Meals/laundry/housekeeping	
Shopping	
Bathing	
Medications	
Transportation	
Other:	
TOTAL HOURS/WEEK	

Are you currently subsidized by Dept. of Social Development for any of the above services?

What, if any, is the amount you pay? _____

Signature of Applicant

Date

York Developments Inc.