



REQUEST FOR WAITING LIST PLACEMENT

Care Suite: _____ One Bedroom: _____ Two Bedroom (couples): _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Date of Birth: _____

Martial Status: Single _____ Married _____ Divorced _____ Widow/er _____

Citizenship: _____ Social Insurance #: _____

Church Affiliation: _____ Minister: _____

Physician: _____ Telephone #: _____

Children or Next of Kin:

Name: _____ Relation: _____

Address: _____ Tel: _____

Name: _____ Relation: _____

Address: _____ Tel: _____

Preferred Date of Occupancy: _____

I understand that prior to being offered tenancy I shall be required to attend an interview and review of medical form at Orchard View.

Signature: _____ Date: _____

Return this page to: Orchard View Apartments
4020 Twenty-Third Street or Fax: (905) 562-1458
Vineland, ON L0R 2C0

** All applications will be kept on file for five years.



TENANT MEDICAL HISTORY

It is our desire at Orchard View to meet the needs of our tenants in the best possible way. In order to do this we request that you complete the following medical information. Feel free to ask your family doctor to assist you.

Name: _____

Male: _____ Female: _____

Date of Birth: _____ Health Card #: _____

Brief Health History (include medical/surgical, etc.):

Drug/Food Allergies:

Current Medications (Include prescription and over the counter drugs):

(Cont'd)

Name of Pharmacy/Address/Phone Number:

Any Special Health Needs (for example: pacemaker, colostomy, special diet, etc.):

Name of Family Doctor/Address/Phone Number:

Are any other health care providers presently seeing you? If so, please list:

Date of Last Flu Shot: _____

Pneumovax Vaccine: _____

Signature: _____ Date: _____