



PR Cook Apartments Application Form

Please complete the application below and return to 63 Carrie St, Thunder Bay, ON P7A 4J2.

Name of Applicant(s)	(1) _____ (2) _____
Contact information	Date of Birth: (1) _____ Date of Birth: (2) _____ Phone Number (____)_____ Address: _____ City: _____ Province: _____ Postal Code: _____ <input type="checkbox"/> Applicant <input type="checkbox"/> Applicant Alternate Contact Name: _____ Phone Number: _____ Relationship to Applicant: _____
Type of Apartment	You may select one apartment choice below. You will be added to the wait list for that specific apartment type on the date your application is received. <div><input type="checkbox"/> Bedsit (15 units)<input type="checkbox"/> Large 1 bedroom (16 units) <input type="checkbox"/> Bachelor (30 units)<input type="checkbox"/> 2 bedroom (8 units) <input type="checkbox"/> Standard 1 bedroom (112 units)</div>
Date of application	____/____/____ DD / MM / YYYY
Support Services Needs	Do you require support services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate below which services you will need: <div><input type="checkbox"/> Personal care<input type="checkbox"/> Bathing <input type="checkbox"/> Meals<input type="checkbox"/> Medication reminders <input type="checkbox"/> Housekeeping<input type="checkbox"/> Laundry <input type="checkbox"/> Social Activities<input type="checkbox"/> Outings <input type="checkbox"/> One to one support</div>
Applicant Signature	Applicant Signature: X _____
FOR OFFICE USE ONLY	Date received: ____/____/____ Received By: _____ APPLICATION NO. _____