

APPLICATION

FOR A SUITE IN THE

COLUMBIAN CENTRE

Senior Citizen's Rental Accommodation (for 60+ years)

NONSMOKING FACILITY - NO PETS

MAIL: Applications to: #101 205 – 13th Street West, Prince Albert, SK S6V 7N2

OR EMAIL: Applications to: kcpainc@sasktel.net

CONTACT: 306-922-2833 (Robert Fahlman - Manager) for more information or visit our website

WEBSITE: columbiancentre.com

NAME: _____ DATE OF APPLICATION: _____

ADDRESS: _____ CITY/POSTAL CODE: _____

PHONE: _____ CELL PHONE: _____ EMAIL: _____

MARITAL STATUS: _____ DATE OF BIRTH: _____ AGE: _____

NAME OF SPOUSE/PARTNER MOVING IN WITH YOU: _____

SPOUSE/PARTNER DATE OF BIRTH: _____ AGE: _____

ACCOMMODATION REQUIRED: **CONTINENTAL** ____ **ONE BEDROOM** ____ **TWO BEDROOM (COUPLES PREFERRED)** ____

DO YOU REQUIRE A SUITE FOR A WHEELCHAIR? **YES/NO** DO YOU SMOKE OR VAPE? **YES/NO**

STATE OF YOUR HEALTH: _____ SPOUSE/PARTNER? _____

PLEASE BRIEFLY EXPLAIN YOU AND YOUR SPOUSE'S/PARTNER'S HEALTH CONDITION(S), SMOKING STATUS, ETC.

NAME OF YOUR DOCTOR: _____ PHONE: _____

PLEASE DESCRIBE YOUR NEED TO MOVE INTO OUR FACILITY: _____

HOW DID YOU HEAR ABOUT THE COLUMBIAN CENTRE? _____

NAME OF REFERENCES:

1) _____ PHONE: _____

2) _____ PHONE: _____

NEXT OF KIN: _____ PHONE: _____

RELATIONSHIP TO YOU: _____

- A DAMAGE DEPOSIT OF ONE MONTH'S RENT IS REQUIRED -

-THANK YOU FOR YOUR APPLICATION -