



## *Request for waiting list placement*

**Please Print**

**Name:** ( Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
(or family e-mail contact)

**Contact name:** (if to be called instead of applicant) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Accommodation requested:** Apartments:

(Please check a maximum of two accommodation types and indicate your first preference as it helps us to give more accurate waiting times.)

studio

1 bedroom small

2 bedroom small

large studio

1 bedroom large

2 bedroom large

Retirement Suites:

small

medium

large

extra-large

**Preferred occupancy date:** \_\_\_\_\_

**What is your current health status?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that prior to being offered tenancy, I shall be required to attend an interview at Belmont House and have my physician complete a medical examination.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return this form to:** Mrs. Barbara (Torrance) Barta  
Director, Retirement and Marketing Services  
Belmont House  
55 Belmont Street Toronto, Ontario M5R 1R1  
Tel: 416-964 -9231 ext. 202 Fax: 416-964 -1448  
E-mail: btorrance@belmonthouse.com