



GOLDEN DAWN SENIORS APARTMENT APPLICATION FORM

Contact Information – Primary Applicant

Name:

Date of Birth:

Address:

Home Phone:

Alternative Phone:

E-Mail Address:

Contact Information – Co-Applicant

Name:

Date of Birth:

Address:

Home Phone:

Alternative Phone:

E-Mail Address:

Alternate Contact

Name:

Phone:

Address:

Request

Please select one or all of the following:

I/We request placement on the Golden Dawn Seniors Apts. Waiting list for the following type of unit(s)

- Bachelor (small one bedroom)
 - One Bedroom
 - Two Bedroom
-

Please return to:

**Golden Dawn Senior Citizens Home
80 Main St. Lion's Head,
Ontario NOH 1W0
Fax: 519.793.4503**

Market Rent Application 06/08-MSword/Apartments/Application
