



## LOCH LOMOND VILLA APPLICATION FOR HIGH RISE APARTMENT

**Please complete and forward the following to:**

Accommodations coordinator

185 Loch Lomond Road

Saint John, NB, E2J 3S3

Tel: (506) 643-7100 or fax to (506) 643-7198

Name (First, Middle, Last)	Date of Birth	Medicare #

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ #of years there \_\_\_\_\_

Owned                       Rented                       Live alone with family

Name of present landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Telephone: \_\_\_\_\_

High Rise 1 or High Rise 11 Studio apartment

Do you wish to have meals included with your rent?                       Yes                       No  
(Additional \$270.00 added to the rent)

Supportive Housing Program - 2<sup>nd</sup> Floor High Rise 1- Studio & 1 Bedroom Apartments  
Meals and services provided on this floor.

High Rise 1 - 3<sup>rd</sup> and 4<sup>th</sup> Floors High Rise 1 - Newly renovated 1 bedroom apartments with modern  
kitchens. (There is a waiting list.)

High Rise I or High Rise II bedroom apartment  
(There is a waiting list for a bedroom apartment)

NB Housing High Rise III

One bedroom

2 Bedr

(Rent depends on total income - 30%. There is a waiting list. You must apply to NB Housing at 1-866-441-4340 if  
you wish to apply for High Rise III).

Name of Contact Person: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone (W): \_\_\_\_\_

This person is my:                       son                       daughter                       brother                       sister                       friend                       Other: \_\_\_\_\_

Do you drive a car?  Yes                       No                      Model: \_\_\_\_\_ year: \_\_\_\_\_

Are you a smoker?                       Yes                       No                      Please note that we are a non-smoking facility.

Name of physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you previously lived at Loch Lomond Villa? Yes \_\_\_ No \_\_\_

Do you have any special dietary requirements or need extra services? \_\_\_\_\_

Interest, hobbies: \_\_\_\_\_

Signature\_\_\_\_\_