

# KIWANIS HOUSING

Another Kiwanis Project  
BRYANT DRIVE HOLDINGS INC.  
11 Bryant Drive Sussex, NB E4E 2P3  
Tel: (506)432-3118 ext 105 Fax: (506)432-3104  
www.kiwanisnursinghome.com

## APPLICATION FOR RESIDENCY

*Confidential:* Information provided will be used to evaluate your application and will be kept confidential.

**IT MAY BE NOTED OUR ACCOMODATIONS ARE "NON SMOKING" UNITS ONLY, AS WELL "PETS ARE NOT ALLOWED".**

APPLICANT: Full name (Please underline first name used.)

SURNAME

GIVEN NAMES

TELEPHONE NUMBER

ADDRESS:

STREET

TOWN OR CITY

PROVINCE

POSTAL CODE

Do you have a friend/relative who resides at Kiwanis Nursing Home or Kiwanis Apt. Complex?

YES

NO

How long have you lived in N.B.

NAME OF FRIEND/RELATIVE

TELEPHONE NO

Members of household who will be living in house:

Name

Sex

Age

Relationship

PRESENT ACCOMMODATIONS:

Present Landlord

Address

Date From/to

Monthly Rent

PERSONS TO CONTACT IN AN EMERGENCY:

NAME

ADDRESS

TEL. NO

REFERENCES:

NAME

ADDRESS

TEL. NO..

NAME

ADDRESS

TEL. NO

I hereby certify that the information contained in this application is correct and complete in every respect to The best of my knowledge and authorize all inquiries deemed necessary.

SIGNATURE

DATE