



*Dr. V. A. Snow Centre Inc.*

54 DeMille Court, Hampton, NB E5N 5S7

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www.snownursing.com

*We provide Comfort, Care, Compassion, and Community  
for our residents in a safe and home like environment*

**Application for Senior Apartment**

**APPLICANT**

Full Name: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Private Insurance Coverage: Yes  No  Physician: \_\_\_\_\_

Present Type of Accommodation: House  Apartment  Other: \_\_\_\_\_

Required Type of Accommodation: One Bedroom  Two Bedroom  Wheel Chair Adapted

Do you suffer from an infirmity that determines the type of accommodation you might occupy?

\_\_\_\_\_

When do you require accomodation? \_\_\_\_\_

**NEXT OF KIN**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Ph: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Ph: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (preferred)

\_\_\_\_\_  
Date