



JUBILEE RESIDENCES

COURT ACCOMMODATION APPLICATION

NAME (LAST) _____ (FIRST) _____ DATE _____

ADDRESS (STREET) _____ TELEPHONE _____

(CITY) _____ POSTAL CODE _____

HUSBAND (NAME) _____ DATE OF BIRTH _____

WIFE (NAME) _____ DATE OF BIRTH _____

MARITAL STATUS _____

SASK. HEALTH SERVICES # HUSBAND _____ MARITAL STATUS _____

SASK. HEALTH SERVICES # WIFE _____

CHARACTER REFERENCES OTHER THAN RELATIVES: (NAMES, ADDRESSES & TELEPHONE)

1. _____

2. _____

3. _____

WHAT IS YOUR HEALTH STATUS?

HUSBAND _____

WIFE _____

NAME OF DOCTOR _____ ADDRESS _____ PHONE _____

FAMILY MEMBERS: (NAME, RELATIONSHIP, ADDRESSES AND TELEPHONE)

IN CASE OF SERIOUS ILLNESS, OR EMERGENCY, NOTIFY:

NAME _____ ADDRESS _____

PHONE _____

WHAT IS THE REASON FOR THIS APPLICATION? _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE; AND I HEREBY GIVE PERMISSION TO THE CLIENT PATIENT ACCESS SERVICES TO RELEASE ASSESSMENT INFORMATION CONCERNING ME TO JUBILEE RESIDENCES INC.

SIGNED _____

APPLICANT

- PARKING STALL REQUEST FOR ONE VEHICLE.

MAKE/YEAR OF VEHICLE _____

LICENCE # _____ COLOR OF VEHICLE _____

OFFICE USE:

APPROVED: YES _____ NO _____

BY: _____

DATE: _____

UNIT # _____

COURT _____

RENTAL DATE: _____

TERMINATION DATE: _____

REVISED MAY 2008

Jr\CourtsDocuments\Court Application Form

TENANCY REQUIREMENTS

These guidelines and requirements are in addition to the Standard Conditions of a Tenancy Agreement, Form 3, Schedule 1 of The Residential Tenancies Act, 2006 that form part of this Tenancy Agreement. A copy is available for your review in the Court Coordinator's office.

Tenants must take responsibility for their independent lifestyles by doing as much as their physical abilities allow. Abilities will be outlined on your application form in the personal information section.

Tenants must be responsible for looking after their own medical needs or be capable of requesting assistance from family members in scheduling appointments and transportation.

Tenants must be able to handle or direct their own affairs while away from home with respect to such things as medical appointments, personal shopping and banking.

Tenants must respect the rights of others. Tenants must possess and consistently demonstrate appropriate social, emotional and behavioural skills needed to live co-operatively in a group setting. It is essential that tenants consider others and cooperate with their neighbours. Common areas, such as laundry rooms, lounges and lawn areas are to be left neat and tidy once used.

Tenants must not expose the property of Jubilee Residences inc. or that of another tenant to property loss and or damage. Should such loss or damage occur by the tenant or any person whom the tenant permits on the premises, the tenant using it is financially liable for the repair or replacement.

Tenants are required to maintain the cleanliness of the interior and exterior of their suite or cottage including the cottage grounds. If a tenant is unable to do so, they must arrange for assistance from family or an agency offering this service. Tenants should not have excess clutter.

Tenants have the choice whether to make use of specialized equipment as recommended by professionals. The costs of equipment, approved installation and maintenance of equipment are the responsibility of the tenant.

Tenants are encouraged to participate within their capabilities in the operation of the court. Tenants are encouraged to contribute to the betterment of the courts, such as attending and participating in tenant meetings.

Tenants must keep their financial responsibilities up to date. This includes, but is not limited to, prepayment of rent on the first of each month, meal court charges if applicable, liability for loss of and/or damage to property of the Courts, and guest charges.

Tenants must abide by all court guidelines. It is the responsibility of all tenants to familiarize themselves with such court guidelines within 10 days of moving in. These guidelines are readily available in the Coordinator's office and enclosed in this package for your reference.

As of September 1, 2018 tenants are not permitted to smoke in their suites/cottages or in any common areas. This applies to all smoking materials and devices including, but not limited to, cigarettes, cigars, marijuana (cannabis), pipes, hookahs, and vaporizers ("vaping").

Tenants are not permitted to grow marijuana plants in their suite/cottage or anywhere on Jubilee property.

Failure or inability to comply with these Tenancy Requirements may result in failed admission to or discharge from Eamer Court or Cosmopolitan Court.

I _____ have read and understand these Tenancy Requirements. I agree to adhere to the Tenancy Requirements as outlined above.

Dated _____ day of _____ month, 20____.

Signature of Resident

Witness

Personal Information

Date of Birth: _____

Current Living Arrangement: _____

In the space provided, please answer yes or no to the following questions. If your answer is no, do you have someone who manages these matters on your behalf?

Do you manage your financial matters?

Do you manage your medical matters, such as doctor appointments?

Do you manage your personal matters, such as shopping?

Are you involved in work or an activity program outside of the home?

Please list your leisure interests and volunteer activities:

Do you experience any problems with the following areas of daily living? If yes, please indicate how you manage or accommodate these challenges.

- 1. Mobility: Yes _____ No _____ Please Explain: _____
- 2. Vision Yes _____ No _____ Please Explain: _____
- 3. Hearing Yes _____ No _____ Please Explain: _____
- 4. Allergies Yes _____ No _____ Please Explain: _____
- 5. Skin Yes _____ No _____ Please Explain: _____
- 6. Behavior Yes _____ No _____ Please Explain: _____

7. Diet Yes _____ No _____ Please Explain: _____

8. Communication Yes _____ No _____ Please Explain: _____

9. Outdoor mobility Yes _____ No _____ Please Explain: _____

Please specify any special needs that may require accommodation:

What do you need help with?

Please place a mark where applicable:

	Full Assistance	Partial Assistance	Guidance Only	No Assistance
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing face and hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brushing/flossing teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair/Nail Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify bladder care	_____			
Bowel Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify bowel care	_____			
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify indoor mobility	_____			

Outdoor mobility

Specify outdoor mobility _____

In bed mobility

Specify mobility in bed _____

Laundry

Room Care
(beds, floors, dusting, etc)

Booking appointments/
transportation

Medication Management

Shopping

Please list below medications currently used:

Other assistance needed: _____

Governing Policies

Please be advised that rental accommodation is on a month to month basis. One month's written notice is required from the first of the month should a tenant want to vacate the suite. Mid-month notices can not be accommodated. Mid-month notices will be charged one month's rent.

Management has the right to ask a tenant to leave in crisis situations such as the endangerment of others, illegal activities, disrespect or damage to property.

GOVERNING DOCUMENTS

I have reviewed the following governing document and I am prepared to adhere to the requirements:

Tenancy Requirements: Yes _____ No _____ Comment: _____

PERSONAL EXPECTATIONS:

What are your personal expectations of Eamer/Cosmopolitan Court?

I expect the Eamer Court or Cosmopolitan Court will provide me with (check one):

Long Term Tenancy (Independent Living):

Short Term Tenancy (Independent Living):

Long Term Tenancy (with community supports such as Home Care):

Other (please identify): _____

I have completed this application to the best of my knowledge.

Signature of Applicant

Date