



## Application for Residency The Judith Fisher Center

All information that is provided on this form will be kept in strict confidence by the Lasqueti Island Last Resort Committee For Application:

**Application Date:** \_\_\_\_\_

### 1. Applicant information

**Name (please print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail address (if applicable):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Contact person address:** \_\_\_\_\_

**Contact person phone:** \_\_\_\_\_

**Contact person e-mail address (if applicable):** \_\_\_\_\_

### 2. Household information

**Type of Accommodation requested:**

\_\_\_\_\_ Single Occupancy \_\_\_\_\_ Double Occupancy

**Duration of your residency on Lasqueti Island:** \_\_\_\_\_ years.

**Please describe your current housing situation and/or relationship to Lasqueti Island:**

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**If less than 5 years, describe your prior housing situation:**

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**3.-References:**

**Please provide two references that could support your application (names and contact information):**

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**4. Accommodations:**

The residences are designed for what is called **Independent Living**. No services are provided, such as housekeeping, cooking, or personal care:

**Please identify any medical conditions or major disabilities:**

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**Do you currently use a wheelchair?** \_\_\_\_\_

**Are you able to do your own housekeeping?** \_\_\_\_\_

**Are you able to do your own cooking?** \_\_\_\_\_

**Do you require assistance with personal care or other aspects of household management?** \_\_\_\_\_

**Do you (or any other member of your household) smoke?** \_\_\_\_\_

**Do you have household pets? (Please list species, including size, weight, etc):**

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**As a unit becomes available, the Committee For Applications will assess all applications on file. If an applicant is offered a unit but is not available to accept it at that point in time, the committee will offer the unit to another applicant on the list. All applicants will remain on file for future reassessment.**

**Please describe any other considerations, situations, or special circumstances that you feel may positively influence your application:**

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**5. Declaration:**

**I/We declare:**

This is my application, and all information in it is correct and complete to the best of my knowledge and belief.

**I/We understand:**

That this application is **not** an agreement on the part of the Lasqueti Last Resort Society or its members to provide me/us with housing;

That it is my/our responsibility to tell the Lasqueti Last Resort Society of any changes to the information given in this application and to provide any supporting materials required;

That false information given by me/us may result in my/our application being cancelled from consideration.

**My documents are attached (please see checklist, following).**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Application received on behalf of the Lasqueti Last Resort Society Committee on Application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_