



Application for Residency

Maple Village Residence

722 Hamilton Rd., London, On. N5Z 1T7

Mr. Mrs. Miss

NAME: _____

First Name

Family Name

Middle Name

**PRESENT
ADDRESS:** _____

No.

Street

Apt. #

City

Province

Postal Code

Telephone number

E-MAIL ADDRESS: _____

**LANGUAGE(S)
SPOKEN:** _____

FINANCIAL RESPONSIBILITY: Self Other

If "Other" please provide us with the necessary information and instructions:

Name:	Relationship:	
Address:		
Phone: Home:	Work:	Cell:
Comments:		

EMERGENCY CONTACT INFORMATION:

Name:	Relationship:	
Address:		
Phone: Home:	Work:	Other:

RESERVATION DEPOSIT (non-refundable): \$200 (applies to first month's rent)

If sharing a suite, please provide information on roommate.

Name:	Relationship:	
Address:		
Phone: Home:	Work:	Cell:
Comments:		

REQUESTED ACCOMMODATION:

Monthly Cost

- Single (no sink shared bathroom) \$450 (excluding meal plan)
- Single (with sink shared bathroom) \$500 (excluding meal plan)
- Single (with bath/shower) * \$550 (excluding meal plan)
- Double (with bath/shower) * \$600 (excluding meal plan)
- The Oak (with fireplace/bath/shower) * \$650 (excluding meal plan)

- Meal Plan Options: \$200 (breakfast/dinner)
\$250 (lunch/dinner)
\$325 (breakfast/lunch/dinner)

Suite Number: _____

Price quoted: \$ _____

* Wheelchair Accessible Rooms

INDIVIDUAL MEALS: (no cooking in suites) Yes No

- Breakfast (\$3.00 each)
- Lunch (\$5.00 each)
- Dinner (\$8.00 each)

Special Dietary Needs:

- PARKING:** Yes No \$25 per month
- PHONE** Yes No We make arrangements to eliminate hook-up fees
- CABLE** Yes No We make arrangements to eliminate hook-up fees
- INTERNET** Yes No We make arrangements to eliminate hook-up fees
- FURNITURE** Yes No \$25 per month up to \$100.00 maximum (4 months)

ADDITIONAL CONSIDERATIONS/CONDITIONS:

Medical conditions; special needs; etc.

REFERENCE:

Name

Phone No.

Relationship

CERTIFICATION OF INFORMATION:

I certify that the information provided above is accurate. I agree to pay all charges as indicated by Maple Village.

METHOD OF PAYMENT: Cheque Money Order Cash

Date: _____

Signature of Applicant: _____