

CENTRAL HEALTH COTTAGE APPLICATION

All cottages listed below are smoke-free and pet-free.

Application for Admission to (multiple sites can be checked if interested in applying for more than one location)

- Lewisporte Health Centre Cottages, Lewisporte
- Bonnews Apartments, New-Wes-Valley
- Valley Vista Cottages, Springdale

Requirements

1. Applicants must be:
 - **60** years of age. In case of co-applicants, at least one must be **60** years of age

Or

 - Involuntarily retired from the workforce and **55** years of age or older.
2. Applicants must be able to live independently.

Complete Applications Include

- Application Form
- Signed Declaration

If applying for a Housing Subsidy then please contact respective site for details (subsidies are not available in all locations), contact information can be found below.

Please Note

- All applications are kept strictly confidential.
- Applications must be printed in ink.
- Applicants are required to keep their application up-to-date (e.g., address, telephone number, financial information, etc.).
- Applications received that are “incomplete” will be returned to the applicant for completion and will be reviewed once all required information is received.
- Once the application is completed, forward to the address below:

Valley Vista Cottages

C/O Debra Verge
P.O. Box 280
A0J 1T0
Springdale, NL
debra.verge@centralhealth.nl.ca
709-673-5319 (office)
709-673-3186 (fax)

Bonnews Apartments

C/O Angela Gaulton
P.O. Box 209
A0G 1B0
New-Wes-Valley, NL
Angela.gaulton@centralhealth.nl
709-536-6177 (office)
709-536-3334 (fax)

Lewisporte Health Centre Cottages

C/O Janice Hill
P.O. Box 880
A0G 3A0
Lewisporte, NL
Janice.hill@centralhealth.nl.ca
709-535-0826 (office)
709-535-2407 (fax)



CENTRAL HEALTH COTTAGE APPLICATION

Please check which cottages you are applying for (multiple sites can be checked if interested in applying for more than one location):

- Lewisporte Health Centre Cottages, Lewisporte
- Bonnews Apartments, New-Wes-Valley
- Valley Vista Cottages, Springdale

APPLICANT 1:

Name: _____

Surname

First Name

Middle Initial

Street/Apt./PO Box _____ Town/City: _____

Province: _____ Postal Code: _____

Telephone #: _____ Cell #: _____ Date of Birth (D/M/Y) _____

Gender: Male Female

Describe any modifications required to live independently (i.e. wheel chair ramp, etc.):

APPLICANT 2:

Name: _____

Surname

First Name

Middle Initial

Gender: Male Female Date of Birth (D/M/Y) _____

Describe any modifications required to live independently (i.e. wheel chair ramp, etc.):

Please provide contact information if different from Applicant 1:

Street/Apt./PO Box _____ Town/City: _____

Province: _____ Postal Code: _____

Telephone #: _____ Cell #: _____



DECLARATION

1. I/we declare the above information provided in this application to be complete and true.
2. I/we understand that this application does not constitute an agreement by Central Health or its representatives to provide me with accommodation.
3. I/we acknowledge that this application becomes the property of Central Health upon delivery by me to it or its representative.
4. I/we further acknowledge the right of Central Health or its representative, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise any acceptance or approval of this application made or given.
5. I/we agree to notify Central Health of any changes to the information contained in the application.
6. I/we agree that this application is for accommodations only and does not include, or suggest the provision of other services available through Central Health.
7. I/we declare that sufficient funds are available to meet my/our financial obligation in the proposed rental agreement with Central Health for the chosen site/cottage.

Applicant

Witness

Date

Date

Applicant

Witness

Date

Date