



Apartment Occupancy Application

Name: Mr. _____ Mrs. _____

Present Address _____

City/Town _____ Postal Code _____

Telephone _____ Cell No. _____ Email Address _____

Status: (check) Single _____ Married _____ Widowed _____

Date of Birth (year/month/day): Mr. _____ Mrs. _____

Place and Country of Birth _____

Languages Spoken English _____ Dutch _____ Other (Please specify) _____

Religion _____

Alternate Contacts (Please list two)

1. Name _____

Address _____

Postal Code _____ Telephone _____ Cell No. _____

2. Name _____

Address _____

Postal Code _____ Telephone _____ Cell No. _____

Reason for Applying:

Preferred Tower _____ Preferred Bedroom unit (circle your choice) 1 or 2

(Please note that wait times for a 2-bedroom unit are significantly higher than for a 1-bedroom unit.)

Are you ready to move-in? (circle your choice) Yes No _____ If no, when approximately? _____

Please list some of your expectations coming into Holland Christian Homes.

What needs might you have?

*Please note that a Medical Assessment is required prior to occupancy.

Please return this form to Admissions Department or email to kellpe@hch.ca

Holland Christian Homes Inc.
7900 McLaughlin Road South
Brampton, Ontario
L6Y 5A7

Main HCH (Automated) 905 463.7002
HCH (Switchboard) 905 459.3333

www.hch.ca