

CENTRAL CARLETON APARTMENT COMPLEX
Independent Living

APPLICATION FOR RESIDENCY

**139 Rockland Road
Hartland, N.B.
E7P 1E9
Email: info@ccnh.ca**

1. **Date of Application:** _____

2. **Names:** 1. _____ **Age:** _____

2. _____ **Age:** _____

3. **Present Address:** _____

4. **Telephone Number:** _____

Two References with Telephone Numbers:

Name: _____ **Tel:** _____

Name: _____ **Tel:** _____

Who is the person responsible in case of an emergency?

Name: _____ **Tel.:** _____

FINANCIAL INFORMATION: **approx annual income:** _____

*(Note: to determine the exact monthly rental fee, we will require a copy of your last
Income Tax Return or Assessment)*

