



Personal Information

Name of Guest : _____ Mobile # : _____

Email Address : _____

Date of Birth : _____ Marital Status : _____

Present Address : _____

Photo

Occupation (if retired, prior occupation): _____

What is your general health condition?

- Good. Independent. Minor assistance with dispensing of medications and B/P monitoring.
- Mild. Need Assistance with Some Daily Activities including medications.
- Severe. Needing Assistance with Most Daily Activities and Medical Monitoring.
- Recuperating from illness or injury. Our Resort Doctor can help assess your level of needed assistance.

Type of Accommodation

Occupancy: Single Occupancy Double Occupancy

Residence: Seasonal Residence Full-Time Residence Retiree Visa Holder

Financial Information

Please describe your source of income:

Emergency Contacts

Contact Person / Number: _____ Relationship: _____

What are your top 3 favorite books and movies and why?

Our Resort Physician will conduct an interview with you for clearance.

I understand that this application is neither a contract, nor a reservation for a room accommodation. Nothing contained in this document is legally binding for me or the community, until Residency Agreement has been approved and signed by all parties.

For security and verification purposes, the required information above needs to be provided. Rest assured that we are committed to protecting your privacy and confidentiality in accordance with the Data Privacy Act of 2012, and that your data will not be shared with any third party.

Signature of applicant

Date of application

This application form is valid for one person only. Room sharer must fill up another form.