

Buckingham Manor Application for Residence 6257 Main St. Stouffville, Ont. L4A 4J3



NAME:		Mr.			
NAME:			First Name	Family Name	Initial
PRESEN	T				
ADDRES	SS:				
		1	No.	Street	Apt. #
Cit	y		Province		Postal Code
Telepho	ne nu	ımber			
STATUS:	Si	ingle 🗖	Married 🗖	Widowed 🗖	Divorced
If married,	, nan	ne of spo	use		
BIRTH F	PLA	CE:			
		City	Province	Country	
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LANGUA	AGE	Z(S) SPO	KEN:		
HEALTH	I C	ARD NO). :	VERSIO	NCODE:
FINANC	IAL	. RESPO	ONSIBILITY: Se	elf 🗆 Other 🖵	
If "Other"	ple:	ase provi	de us with the necessary	information and instruct	cions:
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Address:					
Phone: Ho	me:		Work:	Other:	
Comments:					

(over)

Name:		Relationship:	
Address:		retationship.	
Phone: Home:	Work:	Othor	
Phone: Home:	WOrk:	Other:	
NEXT OF KIN OR FIT of help us reach your lot following:		ons, receptions, etc. please provide	us with the
Name:		Relationship:	
Address:			
Phone: Home:	Work:	Other:	
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Phone: Home:	Work:	Other:	
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Signature of Applicant:

Date:_____