



EASTERN GATE VILLAGE INC.
WAITING LIST

Applicant's Full Name

Co-Applicant's Full Name

Address

Address

Town/City

Postal Code

Town/City

Postal Code

Applicant's Date of Birth

Co-applicant's Date of Birth

Month

Day

Year

Month

Day

Year

Telephone Number:

Telephone Number:

Home # _____

Home # _____

Bus # _____

Bus # _____

Cell# _____

Cell # _____

Email Address: _____

Sizes of Units: Specify if End Unit _____

_____ 800 Coral

_____ 900 Coral B

_____ 900 Amber

_____ 1000 Ruby

_____ 1177 Emerald

_____ 1217 Pearl

_____ Loft 1500/1700

_____ Diamond 1700

Special Comments:

Date: _____

Life Lease Housing Resource Guide