413 Linwell Road
St. Catharines, ON
L2M 7Y2
Phone 905 935-6822
Fax: 905 935-6847
Web: niggv.on.ca

Niagara Ina Grafton Gage Village
Waiting List Application

APPLICATION DATE: _____

Applicant(s):

Mr. & Mrs. ❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms. ❑

Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Please provide an alternate contact in the event that we cannot reach you:

Mr. & Mrs. ❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms. ❑

Name(s): _____

Relationship to Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ Cell Phone: (____) _____

E-mail: _____

When will you be ready to move? (check one)

❑ Within the year ❑ 2 Years ❑ 5 Years Other _____ ***(specify year)***

What type of accommodation would you like? (***Only choose the type that you are serious about moving into)***

❑ ___ One-Bedroom Rental Apartment
❑ ___ Two-Bedroom Rental Apartment
❑ ___ Two-Bedroom Bungalow (no garage)
❑ ___ Two-Bedroom Bungalow (with garage)
❑ ___ One-Bedroom Lifelease Apartment
❑ ___ Two-Bedroom Lifelease Apartment
❑ ___ Three-Bedroom Lifelease Apartment

How did you learn about NIGGV? ❑ Word of Mouth ❑ Road Sign ❑ Advertisement ❑ Website ❑ Other _____

For office use only:

Date: _____ Entered by: _____

❑ Database updated ❑ Confirmation letter processed