

HOUSING NEEDS

YOUR PERSONAL CHECKLIST



| | YES | NO | MAYBE |
|--|-----|----|-------|
| Single-floor living | | | |
| Accommodations for accessibility | | | |
| Assistance with daily living | | | |
| Help with meal preparation | | | |
| Option for meals included | | | |
| Access to social activities | | | |
| Pet-friendly | | | |
| Private outdoor space (patio, balcony, etc.) | | | |
| Shared outdoor space (backyard, deck, etc.) | | | |
| Located in current neighbourhood | | | |
| Housekeeping and maintenance | | | |
| Medical assistance (ie. help with medications) | | | |
| Transportation available | | | |
| OTHER HOUSING NEEDS | | | |
| OTHER HOUSING PREFERENCES | | | |