



# Resident Application Form

**Millennium Pavilion  
Seniors' Lodge**  
7408 – 139 Ave  
Edmonton, AB T5C 3H7  
P: 780-472-4526  
F: 780-472-4518

**Grove Manor**  
600 King Street  
Spruce Grove, AB T7X 4J8  
P: 780-962-6672  
F: 780-962-0815

**Vegreville Manor**  
5913 – 49 Street  
Vegreville, AB T9C 1X4  
P: 780-632-3540  
F: 780-603-0861

<b>Applicant Last Name(s)</b>	
<b>Applicant First Name(s)</b>	
<b>Applicant's Current Address</b>	
<b>City/Town</b>	
<b>Province</b>	<b>Postal Code</b>
<b>Home Phone #</b>	<b>Alternative #</b>

<b>1<sup>st</sup> Alternate Contact Name</b>		
<b>Relationship to Applicant</b>		
<b>Contact Address</b>		
<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>		
<b>Home Phone #</b>	<b>Cell #</b>	

<b>2<sup>nd</sup> Alternate Contact Name</b>		
<b>Relationship to Applicant</b>		
<b>Contact Address</b>		
<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>		
<b>Home Phone #</b>	<b>Cell #</b>	

<b>Suite Type</b>	<input type="checkbox"/> <b>Studio</b>	<input type="checkbox"/> <b>1 Bedroom (Veg &amp; Grove Manor only)</b>	<input type="checkbox"/> <b>2 Bedroom (Veg &amp; Grove Manor only)</b>	<input type="checkbox"/> <b>Waitlist</b>
<b>How soon are you looking to move in?</b>				
<b>Do you have a vehicle and require parking?</b>	<input type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
<b>Do you smoke?</b>	<input type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	

I understand that there will be a review by St. Michael's Health Group during which time an assessment of my/our capabilities and needs will be carried out.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Party Responsible for Applicant (if applicable)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_