



Eligibility Criteria

- Age – 65 years or older
- Functional Independence - ability to live fully independently, without any on-site staff support or services
- Mobility – ability to independently use certain types of mobility assistance equipment if needed
- Medical & Cognitive Stability – ability to manage own health needs, without any on-site staff support or services
- Smoking – must be a non-smoker
- Pets - no pets allowed

Application Process

1 Submit Your Completed Application Form

Scan and submit your form to:

Email: grovemanor@smhg.ca or

Mail or Drop Off: Grove Manor Seniors' Apartments, 600 King St, Spruce Grove, AB, T7X 4J8

2 Await Confirmation of Your Application

Once you have successfully submitted your application for housing, your application will be processed and, if applicable, we will contact you within 5 business days to schedule your tour and housing interview.

Please note that housing is not automatically guaranteed when submitting an application.

Personal Information	First Applicant	Second Applicant (if applicable)
Legal Name	First	First
	Last	Last
Preferred Name (if applicable)		
Gender		
Date of Birth (Must be at least 65 years old)	____ / ____ / ____ Month / Day / Year	____ / ____ / ____ Month / Day / Year
Citizenship Status	Canadian Citizen: <input type="radio"/> Yes <input type="radio"/> No Permanent Resident: <input type="radio"/> Yes <input type="radio"/> No Privately Sponsored: <input type="radio"/> Yes <input type="radio"/> No Other: _____	Canadian Citizen: <input type="radio"/> Yes <input type="radio"/> No Permanent Resident: <input type="radio"/> Yes <input type="radio"/> No Privately Sponsored: <input type="radio"/> Yes <input type="radio"/> No Other: _____
Marital Status	<input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Common Law	<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Separated
Current Address		
Home/Mobile Phone #		
Email Address		
Language(s) Spoken		
Interpreter Required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Parking	
Do you require parking?	<input type="radio"/> Yes <input type="radio"/> No
Alternate Contact Person	
Name:	Relationship:
Phone Number:	Alternate Number:

Current Accommodation

Home Owner Renter Other: _____

How long have you lived here?

Have you received notice to vacate? Yes No (If yes, please include copy of Notice to Vacate)

Current Landlord	Name	Phone Number
	Property Management Company (if applicable)	
Previous Landlord (If you have rented at your current rental for less than 2 years, please complete this section)	Name	Phone Number
	Property Management Company	How long did you live here?

Apartment Accommodation

Studio One Bedroom Two Bedroom

Desired Move-In Date: Month _____ Year _____

Other Information

Additional Information You Would Like To Provide:

 First Applicant's Signature Date Second Applicant's Signature Date
 (if applicable)

Personal information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act. Questions concerning the collection, use and disposal of this information should be directed to St. Michael's Grove Manor.