



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

Applicant Last Name(s)	
Applicant First Name(s)	
Applicant's Current Address	
City/Town	Province
Postal Code	Date of Birth day/month/year
Home Phone #	Alternative #

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

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

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

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 _____