

Resident Application form

- | | | |
|---|--|---|
| <input type="checkbox"/> Millennium Pavilion Seniors Lodge
7408-139 Avenue
Edmonton, Alberta T5C 3H7
Tel:780-472-4526
Fax: 780-472-4779 | <input type="checkbox"/> Grove Manor Seniors' Lodge
600 King Street
Spruce Grove AB T7X 4J8
Tel:780-962-6672
Fax: 780-962-0815 | <input type="checkbox"/> Vegreville Manor
5913 49 Street
Vegreville AB
Tel: 780-632-3540
Fax:780-603-0861 |
|---|--|---|

Resident Information Resident Last Name(s)

Resident First Name(s)	
Resident Address	
City/Town	
Province	Postal Code
Home Telephone #	Alternative #

Emergency Contact First Contact Name

Relationship to Resident		
First Contact Address		
City/Town	Province	Postal Code
Email Address		
Home Telephone #	Cell #	

Second Contact Name

Relationship to Resident		
Contact Address		
City/Town	Province	Postal Code
Email Address		
Home Telephone		

Suite Type	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> Waitlist
Rent				
Square Feet				
Floor Preference				
Exposure Preference				
Parking (LIMITED)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Are you a smoker? Yes 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.

Prospective Resident Signature _____ Date _____
 Party Responsible for Resident
 Signature _____ Date _____
 Manager Signature _____ Date _____