



Your Home, Your Community, Your Life!
Application for Residency

RESIDENT INFORMATION

Marital Status: _____ Mr. Mrs. Miss.

First Name: _____ Family Name: _____ Int: _____

Current Address: _____

House #: _____ Street: _____ Apt #: _____

City: _____ Province: _____ PC: _____

Telephone # () _____ Type: _____ Alt # _____ Type: _____

Status: Single Married Widowed Divorced

If married, name of spouse: _____

Birth Place: City: _____ Province: _____ Country: _____

Date of Birth: Day _____ Month: _____ Year: _____

Language(s) Spoken: _____

Health Card # _____ Version Code: _____ Expiry: _____

FINANCIAL INFORMATION

Financial Responsibility Self Other
If "Other" please provide us with the necessary information and instructions.

Name: _____

House # _____ Street: _____ Apt: _____

City: _____ Province: _____ PC: _____

Telephone # () _____ Type: _____ Alt # _____ Type: _____

Comments: _____

LEGAL INFORMATION:

Power of Attorney (if any): _____

First Name: _____ Family Name: _____ Int: _____



LEGAL INFORMATION CONTINUED

Company Name: _____

House #: _____ Street: _____ Apt #: _____

City: _____ Province: _____ PC: _____

Telephone # () _____ Type: _____ Alt # _____ Type: _____

Comments: _____

NEXT OF KIN OR FRIENDS

To help us reach your loved ones on special occasions, receptions, etc. please provide us with the following:

Name: _____

House #: _____ Street: _____ Apt #: _____

City: _____ Province: _____ PC: _____

Telephone # () _____ Type: _____ Alt # _____ Type: _____

Comments: _____

Company Name: _____

House #: _____ Street: _____ Apt #: _____

City: _____ Province: _____ PC: _____

Telephone # () _____ Type: _____ Alt # _____ Type: _____

Comments: _____

REQUESTED ACCOMMODATION: Single Couple

Type of Accommodations: _____

Date of Accommodation Required: Day: _____ Month: _____ Year: _____

Room Number Assigned: _____

Special Instructions: _____

Allergies: _____

Physician's Name: _____ Telephone # () _____

OTHER INFORMATION: To help us plan appropriate activities, please complete the following: (optional)

Club Memberships: _____

Previous Occupation: _____

Date: _____ Signature of Applicant: _____