

# Application for Residence for Ellington or Nottingham

170 Metcalfe Street, Guelph, Ontario N1E 4Y3  
Attention: Sales Department  
E-mail: [marketing@elliottcommunity.org](mailto:marketing@elliottcommunity.org)

## Resident Information:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
City, Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

3. Email Address: \_\_\_\_\_ 4. Phone Number: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ 6. Physician's name and number: \_\_\_\_\_  
(Month, Day, Year)

7. Second Occupant: \_\_\_\_\_ 8. Date of Birth: \_\_\_\_\_  
(Month, Day, Year)

9. Email Address: \_\_\_\_\_ 10. Phone Number: \_\_\_\_\_

11. Name of person to be contacted in case you cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Telephone Number) (Email Address)

12. What support and/or services do you use in order to maintain your current level of independent living?

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13. When do you foresee yourself moving into The Elliott Community?

<input type="checkbox"/> First Suite Available	<input type="checkbox"/> 6 to 12 months
<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 12 + months

14. Please specify the style of suite and the home area in which you are interested:

<input type="checkbox"/> Studio	<input type="checkbox"/> Ellington (Supportive Living)
<input type="checkbox"/> One Bedroom	<input type="checkbox"/> Nottingham (Assisted Living)

15. How did you hear from The Elliott Community? \_\_\_\_\_

**Every person applying for occupancy within The Elliott Community is required to provide a Medical Certificate completed by his or her personal physician within one month of expected occupancy. This application and Medical Certificate will be subject to review and final acceptance by The Elliott Community's Admission Committee. You will be formally notified of the committee's decision.**

**Note: Our retirement residences are smoke-free.**

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(Signature)

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(Date)