

Application for Residence for Ellington or Nottingham

170 Metcalfe Street, Guelph, Ontario N1E 4Y3

Attention: Sales Department

E-mail: 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?

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

- ☐ First Suite Available ☐ 6 to 12 months
☐ 3 to 6 months ☐ 12 + months

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

- ☐ Studio ☐ Ellington (Supportive Living)
☐ One Bedroom ☐ 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.

(Signature)

(Date)