



APPLICATION FOR RESIDENCE RETIREMENT LIVING Ellington or Nottingham

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: _____

7. Second Occupant: _____ 8. Date of Birth: _____

9. Email Address: _____ 10. Phone Number: _____

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

Name: _____ Relationship: _____

Email Address: _____ Phone Number: _____

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?

- | | |
|--|---|
| <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 about The Elliott Community?

NOTES:

Every person applying for occupancy within The Elliott Community is required to provide a Medical Certificate completed by his or her personal physician within 1 month of the expected occupancy date. 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. Our retirement residences are smoke-free.

Date: _____

Signature: _____

SEND TO:

170 Metcalfe Street
Guelph, Ontario N1E 4Y3
Attention: Sales Department
or
Email: marketing@elliottcommunity.org
or
Fax: (519) 822-5658

Thank you for your interest in living in Retirement at The Elliott Community!