



# APPLICATION FOR RESIDENCE INDEPENDENT LIVING The Ellridge Life Lease Suites

## RESIDENT INFORMATION:

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

6. Alternate contact (optional):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

7. Please indicate your preferences of suites (you may indicate more than one choice):

One Bedroom  Two Bedroom

One Bedroom plus Den  Two Bedroom plus Den

Comments: \_\_\_\_\_

8: How did you hear about The Elliott Community?

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### SEND TO:

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

**Thank you for your interest in living at The Ellridge!**