



**APPLICATION FOR RESIDENCE**

**PLEASE PRINT ALL INFORMATION**

Name of Applicant \_\_\_\_\_ Date of Birth Day \_\_\_ / Month \_\_\_ / Year \_\_\_

Present Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone No. *where applicant can be reached* (\_\_\_\_) \_\_\_\_\_

Person to Contact Regarding this Application \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

**TYPE OF ACCOMODATION REQUESTED**

Semi Private  Private  Deluxe Private

**EXPECTED LENGTH OF STAY** Indefinite  Date Desired to Begin Residency \_\_\_\_\_

Short Term  From: \_\_\_\_\_ To: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Contacted \_\_\_\_\_

