



**Millennium Pavilion  
Seniors' Lodge**  
7408 – 139 Avenue  
Edmonton, Alberta  
T5C 3H7

☎: (780) 472-4526  
☎: (780) 472-4779

**Grove Manor**  
600 King Street  
Spruce Grove, AB  
T7X 4J8

☎ (780) 962-6672  
☎ (780) 962-0815

**Vegreville Manor**  
5913 – 49 Street  
Vegreville, Alberta  
T9C 1X4

☎ (780) 632-3540  
☎ (780) 603-0861

Resident Information			
Resident Last Name(s)			
Resident First Name(s)			
Resident Address			
City/Town			
Province		Postal Code	
Home Telephone #		Alternate #	
Alternate Contact			
Alternate Contact Name			
Relationship to Resident			
Alternate Contact Address			
City/Town			
Province		Postal Code	
Home Telephone #		Alternate #	

I/We hereby tender my/our cheque in the amount of \$ \_\_\_\_\_ as evidence of my/our interest in a suite. It is understood that this deposit reserves me/us a suite as described below

Suite Type	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> Wait List
Rent				
Square Feet				
Floor Preference				
Exposure Preference				
Parking (LIMITED)			<input type="checkbox"/> Yes	<input type="checkbox"/> No

It is my/our understanding that the \$ \_\_\_\_\_ will be held in trust until refunded or applied against the rent. If at any time between the date of this agreement and the date of move in, I/we wish to cancel the agreement solely at my/our discretion, I/we will receive the full refund of my/our deposit without further obligation.

I understand that there will be a review by St. Michael's Health Group during which time an assessment of my/our capabilities and needs will be carried out.

**Prospective Resident Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Party Responsible for Resident Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**SMHG Supportive Living Facility Manager** \_\_\_\_\_ **Date** \_\_\_\_\_