



Rosedale Emerald Hills Eton Boulevard, Sherwood Park
Phone (780) 425-1668

APPLICATION FOR RESIDENCE: ROSEDALE EMERALD HILLS (SHERWOOD PARK)

Name (in full): _____ Birthdate (M/D/Y): _____
Last First Middle

Name (in full): _____ Birthdate (M/D/Y): _____
Last First Middle

Present Address: _____

City: _____ Postal Code: _____ e-mail address _____

Telephone: _____ Date Available to Move: _____

CONTACT PERSON:

1) Name: _____ e-mail address: _____

Present Address: _____ City: _____ Province: _____ Postal Code: _____

Phone Number: (____) _____ Cell Number: (____) _____ Relationship: _____

2) Name: _____ e-mail address: _____

Present Address: _____ City: _____ Province: _____ Postal Code: _____

Phone Number: (____) _____ Cell Number: (____) _____ Relationship: _____

Name of Physician: _____ Phone: (____) _____ Fax: (____) _____

Accommodation Type: 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/>
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Are you able to dress & care for yourself? Yes No Are you currently receiving Homecare services? Yes No

Alberta Healthcare No: 1) _____ (2) _____

Hobbies/Interests: _____

At the time the applicant chooses an available suite, a holding fee of \$500 will be paid to Rosedale for the said premises up until the possession date. This fee will be applied to the first month's rent. If the applicant chooses not to move in to the said premises between the date when the holding fee was received and the possession date of the premises, the fee will be non-refundable.

Agreed upon Move-in Date: _____ Suite # _____ \$500.00 paid by cheque # _____

I hereby certify that the foregoing is a true and correct statement regarding me and my particulars thereof. Rosedale Seniors' Living may disclose information about me/us if it is believed the disclosure is required by law. I/We agree that the information so received and this application may be retained by Rosedale Seniors' Living.

Signature: _____ Date: _____

Other: _____

Fax application to (780) 428-5522 or email to roxanne.b@rosedaledevelopments.com