



SUITE HOLD DEPOSIT FORM

Date: _____

Contact Information

Resident Name(s) _____ Hold Date: _____

Cell: _____ Home: _____ Email: _____

Cell: _____ Home: _____ Email: _____

Alternate Contact

Name _____ Relationship: _____

Cell: _____ Home: _____ Email: _____

Independent Living:

Suite #: _____

Monthly Rent \$: _____

Parking Stall #: _____

Supportive Living:

Suite #: _____

Monthly Rent \$: _____

Monthly Rent \$: _____

Note: _____

Trico Living Well Inc (Operating site as Clover Living) hereby acknowledges receipt of a Suite Hold Deposit in the amount of \$1000. The deposit will be applied to the Resident's security deposit once the lease is signed. All Residents are required to complete a medical assessment through their Physician with the Medical Report form that is provided (for over 65 years old applicants) to confirm the applicant's physical capabilities prior to move-in and submit the completed forms to Clover Living. The applicant may cancel this reservation within 10 days. And the \$1000 reservation deposit submitted at the time of this Application for Residency will be promptly returned without interest or deduction.

Resident Signature(s) _____ Date: _____

Paid by: Check Cash

Direct Deposit

Swift Code: ROYCCAT2

Bank Code: 0003

E-Transfer (eft046@tricohomes.com)

RBC Royal Bank
339 8th Avenue
SW
Calgary AB
T2P 1C4

Transit #: 00009

Account #: 1022060

Account name:

Royal Bank of Canada-00009-1022060_TLW-
CloverLiving Op

Received by: _____ Title: _____

Date: _____