



APPLICATION FOR RESIDENCY

Name(s) in full: 1. _____ 2. _____

Address: _____

City _____ Post Code: _____ e-mail: _____

Home Phone: _____ Marital Status: _____

Birth Date: _____ Previous Occupation(s): _____

Alternate Contact, Relationship & Phone: _____

Suite Requested: _____ Suite Number: _____ Number of Occupants: _____

Monthly Residency Fee: \$ _____ Monthly Fee for 2nd Occupant \$ _____ Total: \$ _____

Applicant's signature(s) 1. _____ 2. _____
Witnessed by: _____ Date: _____

This Application for Residency confirms the intent to lease a suite at Clover Living (legal name: Clover Living Limited Partnership). This Application if accepted by Clover Living, and with a reservation deposit of **\$1000** made payable to **'Clover Living Limited Partnership'**, will reserve the suite noted herein for **10 days** before the Applicant enters into a formal Residency Agreement. 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. The Applicant(s) will be required to complete a resident history. However after 10 days, the reservation deposit will no longer be refundable, the reservation deposit will be transferred as part of the damage deposit upon the applicant enters into a formal residency agreement. Form as well as have their physician fill in a Medical Report (if over the age of 65) prior to move-in to confirm the applicant's physical capabilities for safe residency at Clover Living. The execution of a formal Residency Agreement for Clover Living will be subject to this consultation.

Clover Living hereby

Accepted this _____ day of _____ / _____ \$1000 Application deposit received: _____
Staff Name: _____ Signature : _____