

# Application for Residence

## **CANTERBURY LANE** Division of Canterbury Foundation

8403 - 142 Street Edmonton, Alberta T5R 4L3 Telephone: 483-5361 FAX: 484-0234

Name (in full): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace : \_\_\_\_\_  
Month Day Year

Marital Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_

(for Census purposes only and need not be completed if you wish to retain confidentiality)

Who do we notify in case of emergency:

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Who is responsible for payment?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of your Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Minister: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Accommodation: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

*I hereby certify that the foregoing is a true and correct statement regarding myself and particulars thereof.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Canterbury Foundation is in compliance with the personal information Alberta protection act. For more information contact the leasing office.*