



# Application for Residency

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Previous Occupation(s): \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Suite Requested: \_\_\_\_\_ Suite Type: \_\_\_\_\_ Parking: \_\_\_\_\_ Locker: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Monthly Residency Fee: \$ \_\_\_\_\_ Monthly Fee for 2nd Occupant \$ \_\_\_\_\_ (if applicable)

Waitlist Suite Type: \_\_\_\_\_

Applicant's signature(s) \_\_\_\_\_  
Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

This Application for Residency confirms intent to lease a suite at Origin at Spring Creek. This Application if accepted by Origin at Spring Creek, will reserve the suite noted herein until such time that the Applicant enters into a formal Residency Agreement requiring payment of a security deposit of \$2,500. The Applicant may cancel this reservation at any time prior to a Residency Agreement being executed providing written notification and delivering same to Origin at Spring Creek. At such time, the one months' rent 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 form as well as have their physician fill in a Physician's report prior to move-in to confirm the applicant's physical capabilities for safe residency at Origin at Spring Creek. The execution of a formal Residency Agreement for Origin at Spring Creek will be subject to this acceptance.

Origin at Spring Creek

Accepted this \_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_ Application deposit received: \_\_\_\_\_  
Per: \_\_\_\_\_ Per: \_\_\_\_\_