



**ST. VOLODYMYR VILLA CORPORATION
ASSISTED LIVING - THE TERRACE
APPLICATION FORM**

APPLICANT

Last Name

First Name

SK HEALTH SERVICES #

BIRTHDATE

ADDRESS

Street or Box No.

Telephone

City/Town

Province

Postal Code

RELIGION:

Email

CO-APPLICANT

Last Name

First Name

SK HEALTH SERVICES #

BIRTHDATE

TYPE OF SUITE PREFERRED

Studio
420
sq.ft.

1-Bdrm
535
sq.ft.

No
Preference

Tub

Shower

No
Preference

OCCUPANCY:

Ready

OR

Will Contact Villa When Ready

COMMENTS

CONTACT PERSON

1.

Name

Telephone - Daytime

Email

CONTACT PERSON

2.

Name

Telephone - Daytime

Email

Signature of Applicant or Family Member

Date

Mail or deliver completed form to:

St. Volodymyr Villa Corporation
3102 Louise Place
Saskatoon, SK S7J 4X4
Telephone: (306) 374-1988

**ST. VOLODYMYR TERRACE
IS A SMOKE-FREE
FACILITY**