



**ST. VOLODYMYR VILLA CORPORATION
SPECIAL CARE RESIDENCE - THE TERRACE
APPLICATION FORM**

APPLICANT

Last Name

Christian Names

SK HEALTH SERVICES #

BIRTHDATE

ADDRESS

Street or Box No.

Telephone

City/Town

Province

Postal Code

RELIGION:

CO-APPLICANT

Last Name

Christian Names

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

Name

Telephone

CONTACT PERSON

Name

Telephone

Signature of Applicant or Family Member

Date

**Mail or drop off completed form
with \$100.00 deposit to:**

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

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