



Date Received: _____

Number: _____

\$100 deposit rec'd _____

Non-Smoking Complex

**Application For Residence
Luther Riverside Terrace
915 Saskatchewan Cres. W.
Saskatoon, Saskatchewan
S7M 0M7
664-1250**

General

Name in full: _____

Address: _____ Postal Code: _____

Telephone: _____

Marital Status: Single _____ Married _____ Widowed _____

Date of Birth: _____

If couples application, please complete:

Spouse's Name: _____

Date of Birth: _____

Alternate Contact: _____ **Relationship:** _____ **Phone:** _____

Size of Suite Desired

_____ 500-600 sq. ft.

_____ 600-700 sq.ft.

_____ 700-800 sq.ft.

_____ 800-1,000 sq.ft.

_____ 1,000 sq.ft plus

Riverview only: _____ **yes** _____ **no**

_____ 1 Bedroom

_____ 1 Bedroom & Den

_____ 2 Bedrooms

Describe any major health problems: (physical or mental)

Life Style

Check the activities of daily living you are able to perform:

Housekeeping Laundry
 Cooking Shopping
 Banking Maintenance
 Yardwork Personal care (includes bathing)

Special need

requirements: _____

Please describe any special reasons you may have for desiring Luther Riverside Terrace accommodation:

Former Occupation: _____

Interests or hobbies: _____

Friends presently living at Luther Riverside Terrace: _____

Where did you hear about Luther Riverside Terrace: _____

Anticipated date of moving to Luther Riverside Terrace:

Immediate **Other** _____
(month/year)

Please forward application with \$100 deposit to:

**Luther Riverside Terrace
915 Saskatchewan Cres. W.
Saskatoon, Saskatchewan S7M 0M7**

Applicant's Signature