

LutherCare Communities

APPLICATION
FOR RESIDENCE AT
LUTHER TOWER APARTMENT
1223 Temperance Street
SASKATOON, SASKATCHEWAN S7N 0P2
664-0355

DATE RECEIVED: _____
NUMBER: _____
(for office use)

GENERAL

NAME IN FULL: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ TELEPHONE: _____

DATE OF BIRTH: _____ (Day/Month/Year)

MARITAL STATUS: SINGLE ___ DIVORCED ___ MARRIED ___ WIDOWED ___

IF COUPLES APPLICATION, PLEASE COMPLETE:

SPOUSE'S NAME: _____

DATE OF BIRTH: _____ (Day/Month/Year)

STATEMENT OF INCOME: (based on last Income Tax Return)

Approximate Monthly \$ _____

Approximate Annual \$ _____

SPOUSE'S (if couple)

Approximate Monthly \$ _____

Approximate Annual \$ _____

HEALTH

DESCRIBE ANY MAJOR HEALTH PROBLEMS (physical and mental)

APPLICANT: _____

SPOUSE (if applicable): _____

APPLICANT'S DOCTOR'S NAME _____ HOSPITAL _____

ADDRESS _____ TELEPHONE _____

SPOUSE'S DOCTOR'S NAME (If different from above)

HOSPITAL _____ ADDRESS _____ TELEPHONE _____

LIFESTYLE

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

_____ housekeeping; _____ laundry; _____ cooking; _____ shopping;
_____ banking; _____ maintenance; _____ yardwork; _____ personal care (includes bathing)

PLEASE NOTE: Luther Tower is a Non-Smoking Facility

MOBILITY Walk Independently _____ Walk with Cane _____ Walk with Walker* _____

*Those who are walker – dependent may need to wait for a suite until there is a space within Luther Tower's set quota of walker-dependent residents. This quota is necessary due to the building's limitations of space and design.

At present, what are your living accommodations: (alone or with relatives, etc.)

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

Former Occupation: _____

Interests or hobbies: _____

Friends presently living in the Tower: _____

NEXT OF KIN

NAME	RELATIONSHIP	ADDRESS & POSTAL CODE	TELEPHONE
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_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S SIGNATURE