



Luther Heights

Enriched Seniors Living

1802 Alexandra Avenue

Saskatoon, SK S7K 8A6

P: 306.664.0377 F: 306.664.0382

www.luthercare.com



Tours available the last Wednesday of each month at 10:30 am
(January to June & September to November)
Call 306.664.0378 to register

About

Luther Heights offers enriched seniors living in 120 suites, 70 available through life lease purchase and 50 available through government subsidized rental.

- Each suite contains a full kitchen with adjustable cabinets and easy-to-use fixtures, and specially designed, large bathrooms with safety grab bars
- Balconies with extended railings
- Large energy efficient windows
- Parking available at a monthly rate
- Complimentary laundry room
- Wheelchair accessible

Community Features

- Full service dining room available Monday to Friday serving lunch and evening meals.
- Organized activities and social programs
- Lounge area with complimentary coffee
- Recreation areas with shuffleboard and pool table
- Fitness room
- Library with computer and internet access
- Convenient access to pharmacy with groceries (free delivery offered)
- Outdoor patio overlooking the beautiful South Saskatchewan river valley

Support Features

- Full compliment of staff
- 24 hour personal response system
- Wellness Clinic
- Ecumenical Spiritual Care
- Beauty salon/barber shop, massage therapy and foot care (fee-for-service)
- Milk, eggs and bread available to purchase on-site
- LutherCare Home Help services available to tenants
- Adjacent 15-bedroom Intermediate Care Home

Luther Heights offers two housing options to meet individual needs:

Life Lease

Purchase prices range from \$118,325 to \$167,325. We guarantee the buy back of your life lease to eliminate the worry of reselling. A monthly occupancy fee ranges from \$800 to \$1,170 which covers your property tax, utilities, restoration reserves, maintenance etc. In-suite electricity, telephone/internet, tenant pack insurance, cable TV are the responsibility of the tenant. Parking is available at a rate of \$45/month.

Rental

The rental suites are government subsidized. Applicants whose annual incomes are below \$43,100 (singles) \$52,900 (couples) will be prioritized for these units. Rent will be set at 30% of your gross monthly income. In-suite electricity, telephone/internet, tenant pack insurance, cable TV are the responsibility of the tenant. Parking is available at a rate of \$45/month.

Both the Life Lease and Rental options are subject to the following additional monthly fees:

Meal Program

Luther Heights dining room offers lunch and supper Monday to Friday. Each resident of Luther Heights is required to purchase a minimum of 13 suppers per month for a total of \$188.50 per person. Additional meals are available for \$14.50 each and lunch offered a la carte.

Basic Service Program

Enriched living at Luther Heights provides many supportive services on site. These services are provided and available to each resident at a monthly fee of \$165.00 per person. The Basic Services offered at LutherCare include:

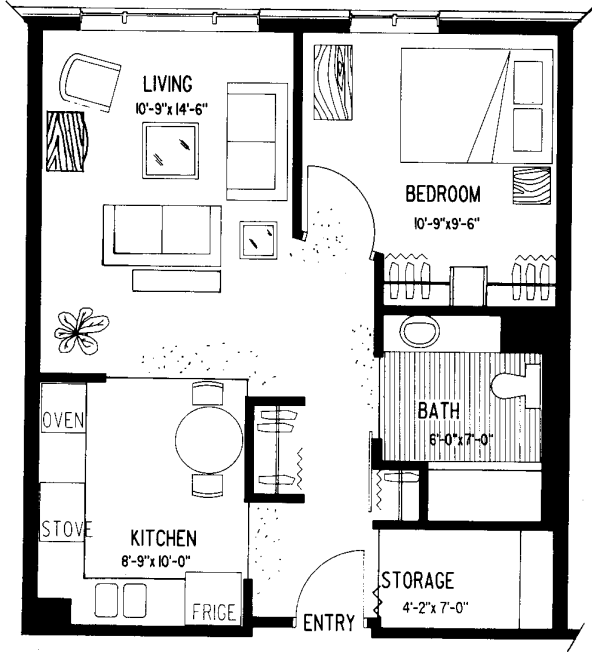
- LifeAid™ 24 hour personal emergency response system
- Tenant Services Coordinator
- Activity Coordinator
- Wellness Clinics are held twice weekly by a qualified healthcare professional.
- Ecumenical Spiritual Care

Massage therapy and foot care are available for a nominal fee. Hair salon and recreation facilities are also available on site.

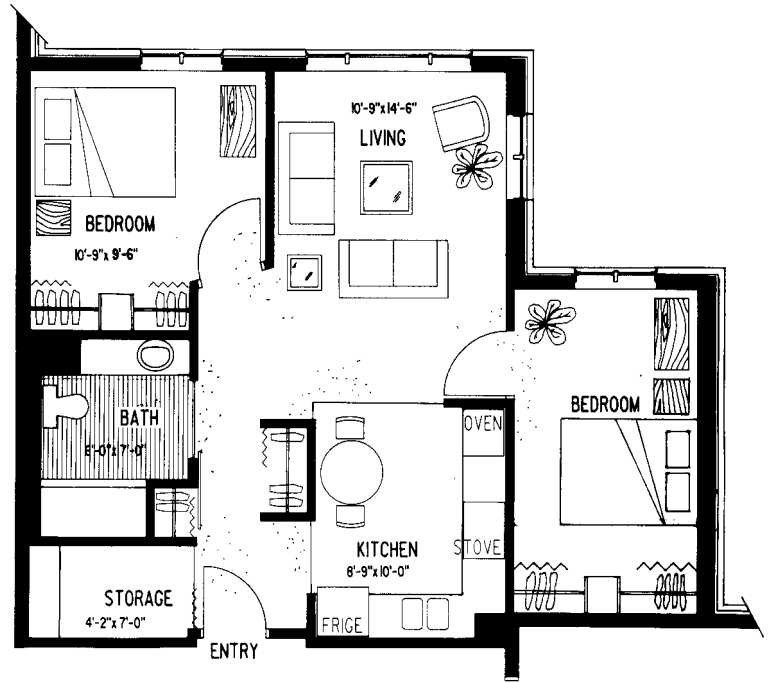
Please note that Luther Heights offers a smoke free and no pets policy. Smoking is not permitted anywhere on the property (building & grounds).

All prices noted are based on 2021 rates and are subject to annual review.

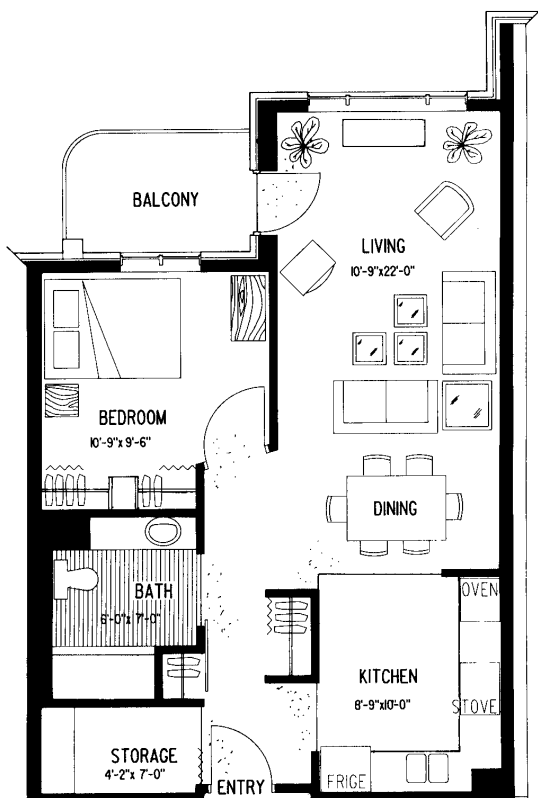
Model A
655 Square Feet—1 Bedroom



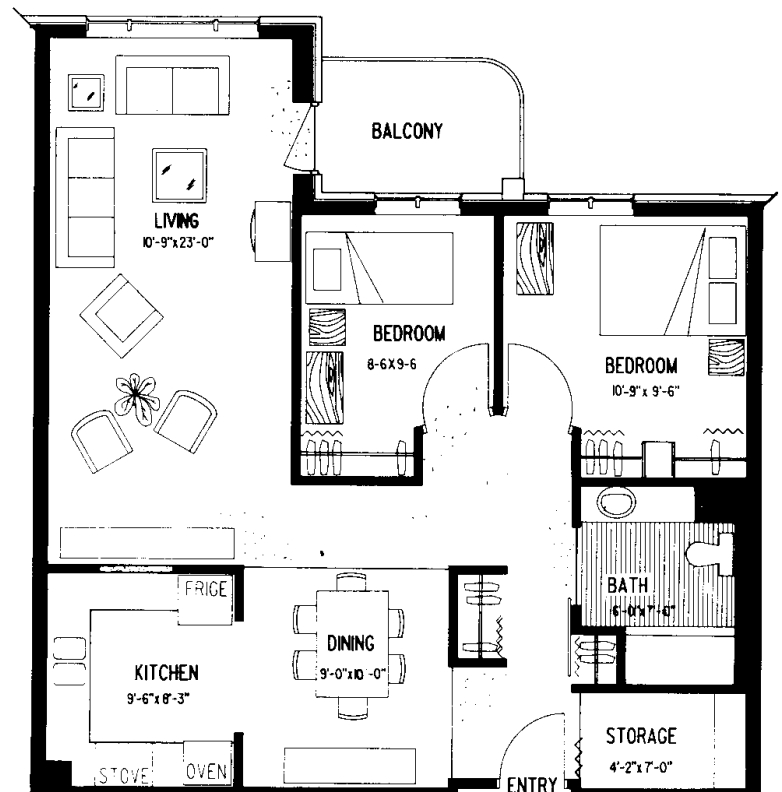
Model B
800 Square Feet—2 Bedroom



Model C
730 Square Feet—1 Bedroom



Model D
1000 Square Feet—2 Bedroom



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Luther Heights Rental Application

Note: Luther Heights' rental units are government subsidized and are offered to persons 60 years of age or over, and persons with physical disabilities who are who are able to live independently. Preference is given to persons with lower incomes and persons who are living at risk. Residents pay a monthly rent based on a percentage of their total gross household income.

A. APPLICANT DETAILS			
NAME(s):		PHONE:	
ADDRESS:		POSTAL CODE:	
MARITAL STATUS:		YEARS OF RESIDENCY IN SASKATCHEWAN:	
DATE OF BIRTH (self):		ARE YOU CANADIAN CITIZEN(s)?	
DATE OF BIRTH (spouse if applicable):		LANDED IMMIGRANT(s)?	
B. PRESENT LIVING ACCOMMODATION			
I/WE OWN <input type="checkbox"/> RENT <input type="checkbox"/>		I/WE LIVE IN A: HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> OTHER: _____	
		NUMBER OF BEDROOMS IN PRESENT ACCOMMODATION:	
1. COMPLETE THIS SECTION <u>ONLY IF YOU RENT</u> YOUR PRESENT DWELLING			
a) Monthly rent:		\$	
b) Total monthly cost of heat, water and electricity <u>if not</u> included in rent:		\$	
c) Total payments (add a + b):		\$	
2. COMPLETE THIS SECTION <u>ONLY IF YOU OWN</u> YOUR PRESENT DWELLING			
a) Monthly mortgage payments, if any:		\$	
b) Monthly tax payments, <u>if not</u> included in mortgage payments:		\$	
c) Total monthly cost of heat, water and electricity:		\$	
d) Total payments (add a + b + c):		\$	
3. PLEASE LIST ANY FACTORS WHICH MAKE YOUR PRESENT ACCOMMODATION UNSUITABLE FOR YOU:			

C. INCOME DECLARATION			
MONTHLY INCOME SOURCE	APPLICANT'S INCOME	SPOUSE'S INCOME	
1. Old Age Pension & Supplement			
2. Canada Pension Plan			
3. Veteran's Pension and/or Allowance:			
4. Private Pension			
5. Disability Allowance			
6. Annuity Income			
7. Social Assistance			
8. Alimony			
9. Spouse Allowance			
10. Interest Income: (see D. below)			
TOTALS:			
TOTAL COMBINED:			
D. ASSETS			
ASSET	VALUE OF ASSET	ENCUMBRANCES	MONTHLY INTEREST
Bank Accounts			
Real Estate (houses, properties)			
Term Deposits			
Savings Bonds			
Stocks			
Other:			
TOTAL ASSETS:		TOTAL MONTHLY INTEREST: (list under #10 above)	
PLEASE ENCLOSE A COPY OF YOUR MOST RECENT BANK STATEMENT(S) AND A COMPLETE COPY OF YOUR MOST RECENT TAX RETURN. WE CANNOT PROCESS YOUR APPLICATION WITHOUT THESE DOCUMENTS.			

E. ADDITIONAL INFORMATION
1. Please list any medical conditions you have:
2. Please list any further details which might help consideration of your application:
<p>To help minimize the possibility of misunderstanding and disappointment, our policy for residency at Luther Heights is summarized here:</p> <p><i>Each apartment is a fully accessible, private residence for seniors who are in good physical and mental health. They must be able to live alone and tend to all their personal needs without assistance or they must be prepared to allow us to help arrange support services sufficient to continue independent living.</i></p> <p>When your name comes up on the waiting list you will be asked to provide us with a doctor's report indicating any health issues. We will also ask that you allow us to assess your needs prior to offering you a unit in order to ensure that we are able to adequately meet your needs.</p> <p>Please note that Luther Heights is a non-smoking policy. This includes in suites and on balconies and grounds.</p>

I understand that this application does not constitute an agreement by LutherCare Communities or its representatives to provide me with accommodation.

I hereby authorize LutherCare Communities to investigate any or all of the statements made herein, being fully aware that discovery of any false statement may cancel any further consideration of my application.

I acknowledge that this application becomes the property of the LutherCare Communities upon delivery by me to it or its agent.

THIS APPLICATION IS VALID FOR 12 MONTHS FROM DATE OF APPLICATION

DATE: _____

SIGNATURE(S): _____



Priority	
Date	
Deposit Amount	
Preferred Move in Date	

Luther Heights

Life Lease Waiting Application & Deposit Form

Luther Heights Life Lease waiting list is maintained on a “first come, first served” basis and when suites become available they are offered to those on the waiting list in order of sequence.

A \$100.00, non-interest bearing, refundable deposit is required to confirm the transaction.

Balance of the purchase price is payable prior to possession date. An Offer to Purchase will be required when a unit of your choice is available. The actual sales price will be determined at the point of purchase.

NAME:	
ADDRESS:	
CITY/TOWN/POSTAL CODE:	
PHONE:	
DATE OF BIRTH:	
DATE OF BIRTH (SPOUSE):	
ALTERNATE CONTACT NAME & PHONE:	
SUITE PREFERENCE:	

PLEASE LIST ANY MEDICAL CONDITIONS YOU HAVE (if more space is needed please use the back of this page):

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Please note that Luther Heights is a non-smoking facility – this includes in suites and on balconies and grounds. As well, Luther Heights has a “No Pets” policy.

SIGNATURE OF DEPOSITOR(S):	
DATE:	