



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)

