



DATE RECEIVED BY LT:

Luther Tower

Application for Residence at Luther Tower

1223 Temperance Street
Saskatoon, Saskatchewan S7N 0P2
(306) 664-0355

General Information

Name (in full): _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

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: \$ _____

Spouses (if couple):

Approximate Monthly: \$ _____

Approximate Annual: \$ _____

Health Information

Describe any major health problems (physical and mental)

Applicant: _____

Spouse (if applicable): _____

Applicants Doctor's Name: _____

Hospital: _____ **Address:** _____

Phone: _____

Spouse's Doctor's Name (if different from above): _____

Hospital: _____ **Address:** _____

Phone: _____

Lifestyle Information

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 Information

Walk independently ___ **Walk with care** ___ **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.

Presently, what are your living accommodations?: (alone, with relatives, etc.):

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

Former Occupation: _____

Interests/Hobbies: _____

Friend(s) presently living in the Tower: _____

Next of Kin

Name	Relationship	Address & Postal Code	Phone
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Applicant's Signature