

APPLICATION for Life-Lease Suite

*Applications may be submitted in person
or mailed to the address below.*

Date Received in Office

I, _____ Age _____

and _____ Age _____

hereby make application to: ☐ Purchase a life-lease suite

My current address: _____

City _____ Code _____

Email address: _____

Marital Status _____ Phone/Cell Numbers: _____

I/we currently ☐ Own my/our home ☐ Rent

Nearest relative to contact if we can't reach you:

Name _____ Phone _____

Home Church (optional) _____

When would you be available to move? ☐ Less than 1 year ☐ 1 – 3 years ☐ More than 3 years

☐ I agree to be placed on a Waiting List, knowing that I may not be contacted for 3-5 years.

Our facility is a non-smoking and no-pet facility. Smoking is prohibited in all areas of the building, including your own apartment, and any exterior areas where smoking may affect other residents. Neither residents nor their visitors are allowed to bring pets into the building. Your signature below indicates your understanding and compliance with the above.

Date of Application: _____

Applicant Signature(s): _____

MAILING ADDRESS:

Hyde Park View
100 - 333 Slimmon Place
Saskatoon, SK S7V 0H9

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Life-Lease Features

Please note factors below that are essential or merely preferable in the selection of a leased suite.

	Must have	Preference	Not interested
Bedrooms			
2 Bedrooms & Den	☐	☐	☐
2 Bedrooms	☐	☐	☐
1 Bedroom & Den	☐	☐	☐
Bathrooms			
2 Bathrooms	☐	☐	☐
1 Bathroom	☐	☐	☐
Location			
South facing	☐	☐	☐
East Facing	☐	☐	☐
West Facing	☐	☐	☐
North Facing	☐	☐	☐
Lower floor	☐	☐	☐
Upper floor	☐	☐	☐
Balcony	☐	☐	☐
Parking			
Indoor	☐	☐	☐
Outdoor	☐	☐	☐
Second space	☐	☐	☐

Please note, we will do our best to meet your expectations, however, the more specific your list of features, the longer it may take.

Thank you for your interest.