

1825 MCKERCHER DR SASKATOON SK S7H 5N5 PHONE: 306-955-7677 FAX: 306-955-5420

Life Interest Lease Application

I/We	and
Birthdate:	Birthdate:
Of	
Of(Street address)	(City)
()(H) ()(C)	(Postal code)
Email:	
Wish to be placed on the waiting list for a Life Intere	est Lease Unit in McClure Place
 be reasonably independent and self-sufficient That McClure Place has no-smoking and no-pe 	ity is that persons be fifty-five years of age or older and t policies
(Signature)	(Signature)
(Date)	
In order to maintain a current list of persons serious refundable deposit is required. Please make cheque have any change in circumstance that would affect	es payable to McClure Place Association Inc. If you
Alternate contact if I/We cannot be reached:	Suite 01 □ 05 □
(Name)	Preferences: 02 □ 06 □ 03 □ 07 □ 04 □ 08 □
(City & Province of Residence)	
/	Floor Preferences (ranges from 2nd to 15 th floor)
(Telephone numbers)	
(Relationship)	