



DATE RECEIVED:

## Affordable Rental Application Form

McClure Place waiting list for our Affordable Rental suites is maintained on a "first come, first served" basis. When suites become available, they are offered to those on the waiting list based on date of application.

To qualify for an Affordable Rental suite your annual income cannot exceed \$46,600 for a single person or \$57,500 for a couple.

NAME(S):	
PHONE:	
ADDRESS:	
CITY / POSTAL CODE:	
DATE OF BIRTH:	
DATE OF BIRTH SPOUSE:	
ALTERNATE CONTACT PERSON:	PHONE:

PLEASE ATTACH A COPY OF YOUR MOST RECENT REVENUE CANADA **"NOTICE OF ASSESSMENT"**.

DECLARATION: MY TOTAL ASSETS ARE UNDER \$300,000:       YES       NO

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

To help minimize the possibility of misunderstanding and disappointment, our policy for residency at McClure Place is summarized here:

***Each apartment is a 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 arrange for support services sufficient to continue independent living.***

Prior to officially offering you a unit, we will ask that you allow our staff to assess your needs to assure you are able to safely live independently in our building.

**DECLARATION**

- I understand this application does not constitute an agreement on the part of McClure Place Association or its representatives to provide me with accommodation.
- I hereby authorize McClure Place Association to investigate any or all the statements made herein, being fully aware that discovery of any false statements shall cancel further consideration of my application.
- I acknowledge that McClure Place Association has a no pet and no smoking policy.
- I further acknowledge the right of McClure Place Association or its agent at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given.
- I acknowledge and hereby authorize McClure Place Association to investigate and/or make any inquiries regarding references from past or present landlords, utility companies and employers.
- I acknowledge that this application becomes the property of McClure Place Association upon delivery by me to it or its agent.
- I acknowledge that I will be requested to provide a photocopy of my most recent bank statements (showing a full month) from each of my bank accounts.
- I hereby declare the information provided on this application is true, correct, and complete.

**\*ALL INFORMATION PROVIDED WILL BE CONSIDERED CONFIDENTIAL\***

Dated at \_\_\_\_\_  
(City)

This \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Co-Applicant)

**Please return to:**

**MCCLUREPLACE ASSOCIATION  
INC. 1825 MCKERCHER DRIVE  
SASKATOON SK S7H 5N5**