

TENANCY APPLICATION

Radiant Care Tabor Manor
1 Tabor Drive St. Catharines, ON L2N 1V9
(905) 934 2548
tabormanor@radiantcare.net

To provide with excellence love and dignity a full continuum of affordable housing and services to senior citizens.
We serve the Mennonite Constituency and others who wish to live in a community of Christian faith.

NAME: _____ PHONE #: _____
BIRTH DATE: _____ ADDRESS: _____
Box / RR# _____
SPOUSE: _____ CITY: _____
BIRTH DATE: _____ POSTAL CODE: _____
EMAIL ADDRESS: _____

RADIANT CARE TABOR MANOR IS A SMOKE-FREE, ANIMAL-FREE, FRAGRANCE-FREE HOME

MAPLEVIEW APARTMENT

3 Tabor Drive

- 1 bedroom **\$729.00** per month*
- 2 bedroom **\$892.00** per month*

EVERGREEN APARTMENT

5 Tabor Drive

- 1 bedroom **\$998.00** per month*
- 2 bedroom **\$1,134.00** per month*

SPRUCE LANE WELLNESS SUITE

1 Tabor Drive

- 1 room **\$1,891.00** per month*
- 2 room (regular) **\$2,464.00** per month*
- 2 room (large) **\$2,865.00** per month*

Please select as many options as you are interested in.

What is your Religious Denomination? _____

What is your urgency to moving here (please circle) 1 2 3 4 5
LOW HIGH

How did you hear about Radiant Care Tabor Manor? _____

I/we submit this application in consideration of my/our tenancy at Radiant Care Tabor Manor.

I/We understand that upon its acceptance, this application will take its place on a chronological "Tenancy Waiting List" for the type of accommodation applied for, and that upon notice, I/we will have the option of entering into a Lease Agreement or defer acceptance, in which event the application will again assume its place on the Tenancy Waiting List.

The foregoing notwithstanding, Radiant Care Tabor Manor retains the right for sufficient cause and at its discretion, to prioritize the Tenancy Waiting List on criteria other than date of application. Also, first right of refusal for any accommodation is at the option of persons already residing within Radiant Care Tabor Manor.

I/We understand that it is my/our responsibility to notify the Radiant Care Tabor Manor Administration Office of any changes to my/our contact information (ie. phone number, email address, address, etc.) or of my/our desire to be removed from the Tenancy Waiting List.

Signature: _____ Date: _____

*The rates indicated are in effect for the year 2020 and are subject to change annually by Board approval

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FOR OFFICE USE ONLY:

Date Application Received: _____

Staff Initials: _____

Removed from Waiting List on: _____

Staff Initials: _____

- Moved in
- Requested removal

Name of Requestor: _____

Relationship of Requestor: _____

Reason for Removal: _____

- Could not be contacted

Date Phoned: _____

Date Emailed: _____

Date Mailed: _____