

**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 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 **\$1,277 - \$1,667** per month\*
- 2 bedroom **\$1,731 - \$2,030** per month\*

**EVERGREEN APARTMENT**

**5 Tabor Drive**

- 1 bedroom **\$1,635 - \$1,819** per month\*
- 2 bedroom **\$1,973 - \$2,255** per month\*

**SPRUCE LANE WELLNESS SUITE**

**1 Tabor Drive**

- 1 room **\$2,228** per month\*
- 2 room (regular) **\$2,900** per month\*
- 2 room (large) **\$3,369** 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 (i.e., 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 2025 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: \_\_\_\_\_