

Ilarion Residence

2509 Louise Street
Saskatoon, Saskatchewan S7J 3L7
Phone: 306-373-7011 Fax: 306-373-7042
e-mail: ilarion@sasktel.net
www.ilarion.ca

Application For Independent Living Accommodations

- Name: _____
Surname First Initial
- Present Address: _____
Street or Box # City & Prov Postal Code
- Phone Number: _____ Cellular Number: _____
- Marital Status: M ___ S ___ Div ___ W/Wdr ___ Spouse: _____
- Date of Birth: Day ___ Month ___ Year _____ Spouse: Day ___ Month ___ Year _____
- Accommodation Desired: select one or more

Rental Suites:

Size:

- ___ Bachelor 400 SQ FT
- ___ One Bedroom 550 SQ FT (76 suites in total)
- ___ One Bedroom 800 SQ FT (13 suites in total) Singles may apply but priority given to couples
- ___ Two Bedroom 800 SQ FT (3 suites in total) Singles may apply but priority given to couples

Floor: _____ Main Floor: _____ Second Floor: _____ Any _____

Is your income below \$18,000 per year and desire a subsidized suite only? (yes or no) _____

(Depending on your income, the subsidy may not be significant. This limits the availability of suites available)

Life Lease Suites:

- ___ One Bedroom 720 SQ FT
- ___ Two Bedroom 850 – 1000 SQ FT

- Date you would like to move in? _____

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8. Alternate Contacts:

Name: _____ Relationship _____ Phone: _____

Cell: _____

Name: _____ Relationship _____ Phone: _____

Cell: _____

9. Why do you wish to move into this residence?

10. Describe your present health status: Good _____ Fair _____ Poor _____

Do you require on-going treatment for an illness now? _____

If yes, please specify _____

Which of the following do you need to carry out activities of daily living?

Home Care _____ Wheelchair _____ Walker _____ Scooter _____

Please be informed that any tenant who requires special care or medical aid while in Ilarion Residence must arrange it with his/her family. Ilarion Residence does not assume any responsibility for specialized care or medical attention.

Physician's Name: _____ Phone: _____

I/We the undersigned hereby state that to the best of my/our knowledge the information contained in this application is true and accurate and I/We are prepared to support it with further information when considered necessary.

Dated this _____ day of _____, 20_____

Applicant's Signature

Spouse's Signature

Accepted for Ilarion Residence

Administrator

HOUSING FOR SENIORS – ILARION RESIDENCE

Ilarion Residence is operated by the Ukrainian Orthodox Senior Citizens Society.

This two story building is located in a quiet residential area in Eastview, close to Market Mall and other community services.

Rental Suites:

We have 132 suites:

- 30 Life Lease
- 10 Bachelor suites – 400 sq. ft
- 76 one bedroom suites – 560 sq. ft
- 13 one bedroom, two bathroom suites – 800 sq. ft
- 3 two bedroom suites – 800 sq. ft

Our services/amenities include:

- Completely wheelchair accessible
- Free laundry facilities on each floor
- Recreational facilities including exercise room, lounges, shuffleboard, pool and puzzle tables
- City bus stop directly in front
- Chapel
- Guest suite
- Beauty salon
- Library
- 3 computers with internet access
- Gazebo and courtyards
- All utilities included in rent
- Shopping mall within 2 blocks
- Nurse visits twice a month
- Podiatrist visits once a month

Regulations Pertaining to the Landlord/Tenant Lease Agreement

1. Singles may apply but couples are given priority to rent two-bedroom and large one-bedroom, two bathroom suites. At the death of one, the survivor may move to a smaller suite if desired.
2. Movement from one suite to another in the building will not be allowed unless it is to a different size or type of suite.
3. A tenant may not sublet their suite.
4. Ilarion Residence provides heat, water, electricity, stove and fridge. The tenant shall be responsible for their own telephone and cable/internet services. If the tenant has an air conditioner there is an additional charge of \$20.00 per month for the months of May – August regardless of the frequency of use. An electrified parking stall is an additional \$25.00 per month.
5. The Maintenance person or Administration or delegate may enter any suite when it is deemed necessary for an emergency or service reasons.
6. Rent shall be paid in advance or on the first day of the month. Post-dated cheques are preferred.
7. The tenant is responsible for securing a tenant pack for insuring their belongings and liability.
8. The tenant is responsible for the security of the suites by keeping doors locked and windows locked when away. Door chains are not allowed for fire safety reasons.
9. Alterations within the suites are not permitted without the consent of Administration and/or Board of Directors.
10. Tenants are responsible for the cleanliness and sanitary conditions within the suites. This includes disposal of garbage to the outdoor disposal bin, and shampooing carpets when necessary.
11. Pets are not allowed within the building under any circumstances.
12. Visitors may stay with a tenant or in the guest suite for no more than seven days, except by special permission.
13. Tenants shall avoid the spread of cooking odors by keeping their doors closed and using kitchen fans when cooking.
14. Written notice to vacate must be given on or before the last day of one month of tenancy to be effective on the last day of the following month of tenancy.
15. The owners expect all tenants to use proper care and attention in the use of laundry equipment, appliances, recreation areas and lounges.
16. Rules and regulations in the tenancy agreement must be followed at all times.
17. Smoking is not allowed in the building.