



APPLICATION
TIOGA MEDICAL CENTER INDEPENDENT LIVING
P.O. Box 159
Tioga, ND 58852

Date of Application _____

Name in full _____

Present address _____ Phone #: _____

Date of Birth _____ Social Security # _____ Medicare # _____

Who to notify in case of emergency? (Name, address, & phone number)

Who should receive monthly statement? _____

Who to notify when unit available:

Name: _____ Phone #: _____

Signature of applicant

Date

Amount Paid: \$ _____ (Rent)

\$ _____ (Deposit)

Check #: _____

**TIOGA MEDICAL CENTER
INDEPENDENT LIVING APARTMENTS
810 North Welo Street
Tioga, ND 58852**

APARTMENT RENTAL AGREEMENT

THIS AGREEMENT is made and entered into this _____ day of _____, 20_____,
by and between Tioga Medical Center, landlord, and _____,
tenant.

WHEREAS, wherever in this agreement the singular is used, it shall include the plural, and the plural shall include the singular and wherever a specific statement of gender is used it shall include all genders irrespective.

WHEREAS, landlord owns, operates and maintains a facility for independent living, consisting of land, building, and equipment located in Tioga, ND, and operating under the name Tioga Medical Center.

WHEREAS, the parties of this agreement desire to define and set forth the obligations of landlord and the conditions, agreements, obligations, and limitations whereby tenant may occupy said unit.

NOW, THEREFORE, the parties agree as follows:

1. The term of this agreement shall be on a monthly calendar basis. The consideration for the agreement shall be \$ _____ per month. The tenant shall also be responsible to pay a security deposit in the amount of \$ _____, which will be refunded if no undue damage has been done to the unit when vacated by the tenant. Thirty (30) day advance notice of changes in the rental amount will be given by the landlord.
2. The installation and payment for a telephone and service thereof shall be at the sole discretion and expense of the tenant.
3. A noon meal will be provided to the tenant under the terms of this agreement and according to the fee schedule attached.
4. The spiritual, social, and recreational activities offered by Tioga Medical Center are available to all tenants of Tioga Medical Center’s Independent Living Apartments.
5. The tenant shall be responsible for and obligated to take care of his own unit and may purchase additional monthly housekeeping, laundry, and/or dietary services from the landlord, if desired. Kitchen appliances (i.e. stove, refrigerator, microwave oven), window coverings (blinds), and access to a washing machine and dryer will be furnished by the landlord. All

other furniture and furnishings shall be provided by and shall be at the expense of the tenant.

6. The tenant shall provide his own clothing necessities and shall cooperate with the landlord in keeping the property in good repair, shall make no alterations or additions to said unit without first obtaining the express written permission of the landlord, and all such additions or alterations shall be at the expense of the tenant. Improvements to the premises made by the tenant in a permanent or semi-permanent manner so as to become fixtures shall become the property of the landlord and shall remain on the premises when vacated by the tenant. Routine maintenance of the unit and grounds, including snow removal and lawn maintenance, shall be the responsibility of the landlord. Absolutely no pets are allowed.
7. All payment herein provided except the initial payment upon execution of this agreement shall be paid monthly on or before the FOURTH day of each month.
8. Tenants of Tioga Medical Center's Independent Living Apartments shall be capable of independent living and shall not require nursing facility care or supervision of daily living activities. Should the tenant's physical or mental condition become such that he require care which the landlord does not provide, such care shall be provided only at the tenant's expense and is expressly excluded for the provisions of this agreement.
9. Should the physical or mental condition of the tenant become such as to require the tenant to give up residence in the unit, the tenant shall have, subject to availability, the privilege of occupying such other facilities of the landlord as the tenant's physician, in consultation with the landlord, deems necessary, and the tenant shall have preference of occupancy over non-residents of the facility. In the event that the tenant shall move permanently from Tioga Medical Center's Independent Living Apartments to Tioga Medical Center Long Term Care, any prepaid rent shall be refunded to the tenant. Such refund may be made in cash to the tenant or may be applied on account for the nursing facility services.
10. Should the tenant desire, after the initial execution of this agreement, to have another person reside with him, whether a relative through marriage or otherwise, previous permission of the landlord shall be necessary.
11. The tenant agrees to notify the landlord of any extended absences.
12. The rights of the tenant under this agreement are personal and may not be assigned.
13. The landlord is not liable for any loss or damage by fire, theft, or other casualty, or for injuries from the use of the unit to the tenant, his personal possessions, his family, or any invitee of the tenant. Any insurance necessary or desired by the tenant shall be at his expense.
14. The landlord is not liable for any expenses incurred by or on behalf of the tenant.
15. No tenant may vacate a unit without giving the landlord a THIRTY (30) day notice of his intention to vacate the premises. Any refund that may be due to the vacating tenant will not be payable until the end of the thirty-day notice period.

16. No tenant may sublet a unit or any portion thereof without the approval of the landlord.
17. If at any time the landlord shall become liable for the payment of any tax, whether now in existence or to be assessed, the rates and charges provided in this agreement shall be modified to reflect such tax costs.
18. This agreement and all of its provisions shall be binding upon each of the parties, the successors and assignees of the landlord and heirs and personal representatives of the tenant except as herein limited.

Dated at Tioga, ND, this _____ day of _____, 20_____.

Signature of Tenant

Signature of Authorized Landlord Representative

Amount Paid: \$ _____ (Rent)

\$ _____ (Deposit)

Check #: _____

**TIOGA MEDICAL CENTER
INDEPENDENT LIVING APARTMENTS**

FEE SCHEDULE

MONTHLY RENTAL:

One Bedroom.....\$1185.00

Two Bedroom.....\$1285.00

(The above rates include all utilities, a noon meal (for one person), and routine maintenance of unit and grounds. A kitchen stove, refrigerator, microwave oven, carpet, vertical blinds, and emergency call system are included in each unit. The above rates **DO NOT** include basic cable, telephone installation or service. General housekeeping and laundry duties are the responsibility of each tenant, although those services are available at an hourly charge - see below).

DEPOSIT FEE:

A security deposit of \$250.00 is required on all apartments.

OPTIONAL SERVICES:

Meal Services

- Noon meal for additional person (per month).....\$ 50.00
- Additional meals (per meal).....\$ 6.00

Housekeeping Services (per hour).....\$ 10.00

Laundry Services (per hour).....\$ 10.00

Garages (per month).....\$ 50.00

Spiritual, Social, & Recreational Services..... No Charge

MAINTENANCE REPAIR REQUEST

NAME: _____

DATE: _____

APARTMENT #: _____

Repair / Need Requested:

Maintenance Department Only

Date Completed: _____

Comments: _____

MAINTENANCE REPAIR REQUEST

NAME: _____

DATE: _____

APARTMENT #: _____

Repair / Need Requested:

Maintenance Department Only

Date Completed: _____

Comments: _____

