

Stonewall & District Lions Manor Inc.

622 Centre Avenue Stonewall – Manitoba – R0C 2Z0



Tel.: (204) 467-8531

www.stonewallmanor.ca

Fax: (204)467-5199

APPLICATION
NAME OF APPLICANTAGE
NAME OF SPOUSE SORR AGE
ADDRESS
CITY/TOWN
TELEPHONE # Cell #
1. HEALTH Are you recalling medical the on or equite homecare? YesN
Comments
2. Are you able to live independently? YesNo
Comments
3. What yp of stite to your fire? Bidoo 2 Be room_
4. Do you requiremanhing? Yes No NOTE: The Manor Board a love top ican s to decline offers of a suite TWO TIMES ONLY. The third offer must be accepted, or the application must be withdrawn.
I have enclosed a deposit of $$500.00$ as I am ready and committed to accept a suite when available at the Stonewall & District Lions Manor.
I understand the \$500.00 deposit will be applied to the required purchase of the Life Lease subject to my acceptance as a tenant.
I understand for a deposit refund I must submit and request in writing that I would like to withdraw my application from the Stonewall & District Lions Manor.
DATE202
SIGNATURE OF APPLICANT
SIGNATURE OF SPOUSE