



Stonewall & District Lions Manor Inc.

622 Centre Avenue
Stonewall – Manitoba – R0C 2Z0



Tel.: (204) 467-8531

www.stonewallmanor.ca

Fax: (204)467-2198

APPLICATION

NAME OF APPLICANT _____ AGE _____

NAME OF SPOUSE _____ AGE _____

ADDRESS _____

CITY/TOWN _____ POSTAL CODE _____

TELEPHONE # _____ Cell # _____

1. HEALTH-Are you receiving medical attention or require homecare?

Yes _____ NO _____

Comments _____

2. Are you able to live independently? Yes _____ No _____

Comments _____

3. What type of suite do you require? 1 Bedroom _____ 2 Bedroom _____

4. Do you require parking? Yes _____ No _____

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.

DATE _____ 201_____

SIGNATURE OF APPLICANT _____

SIGNATURE OF SPOUSE _____