

Stonewall & District Lions Manor Inc.

622 Centre Avenue Stonewall – Manitoba – R0C 2Z0



Tel.: (204) 467-8531

www.stonewallmanor.ca

Fax: (204)467-5199

	<u>APPLICATION</u>	
NAME OF APPLICANT		AGE
NAME OF SPOUSE		AGE
ADDRESS		
CITY/TOWN	POSTAL CODE	
TELEPHONE #	Cell #	
1. <u>HEALTH</u> -Are you rece	eiving medical attention or Yes	require homecare?
Comments		
2. Are you able to liv	ve independently? Yes	No
Comments		
3. What type of suite	do you require? 1 Bedroom	2 Bedroom
4. Do you require park	ing? YesNo	
suite TWO TIMES ONLY application must be wi		accepted, or the
=	osit of \$500.00 as I am read available at the Stonewall	_
	0.00 deposit will be applied ease subject to my acceptant	
	deposit refund I must subm d like to withdraw my app Lions Manor.	
		202
SIGNATU	URE OF APPLICANT	
SIGNATU	URE OF SPOUSE	