

Westman Lions Manor Inc.
35 Victoria Ave. East
Brandon, MB R7A 1Y7
Office (204) 727-4911 Fax (204) 728-7008

For Office Use:



Phase I (ONE) Building | Life Lease Application Form

APPLICANT: _____

DATE OF BIRTH: _____ EMAIL: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

ADDRESS: _____

CO-APPLICANT: _____

DATE OF BIRTH: _____ EMAIL : _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMERGENCY CONTACT PERSON (NEXT OF KIN): _____

ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

RELATIONSHIP: _____ EMAIL: _____

ACCOMMODATION:

BEDROOMS: ONE _____ TWO _____

PARKING: YES _____ NO _____

INDEPENDENT LIVING*:

ARE YOU ABLE TO LIVE INDEPENDENTLY? _____

DO YOU HAVE ANY DISABILITIES? _____

*'Independent Living' means living day-to-day life without requiring external assistance with daily tasks, and includes being capable of self-preservation, such that in the case of emergency a tenant is able to exit the building themselves without assistance.

I CONFIRM THAT I CAN LIVE INDEPENDENTLY

The life lease program requires payment of an entrance fee from the resident prior to occupancy. The amount of the entrance fee varies with the type and location of the apartment. Entrance fees are refundable if a resident terminates the lease and leaves the manor for any reason. When an application is submitted for the waiting list, a \$100 deposit is required, which will be applied towards the entrance fee. Please mail or drop off (by appointment) \$100 cheque payable to "Westman Lions Manor Inc."

The date of receipt by the office of the application and the \$100 deposit forms the basis of the waiting list and the order in which vacancies are filled. The first time an available apartment is offered to a prospective tenant and declined, the prospective tenant remains in their current position on the waiting list. However the second time a prospective tenant declines an available apartment, their application moves immediately to the bottom of the waiting list. The initial \$100 deposit is refunded if an applicant requests their name be removed from the waiting list.

PLEASE NOTE THE FACILITY IS SMOKE FREE, INCLUDING APARTMENTS, BALCONIES AND GROUNDS.

SIGNED THIS _____ DAY OF _____, 20____.
(day of month) (name of month)

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE