

FERNWOOD PLACE

303 Third Street, Steinbach, MB, R5G 1K1
204-326-2002

APPLICATION FOR APARTMENT

Name: _____

Bedroom(s) required: 1 _____ 2 _____

Room preference (if applicable) _____

Mailing Address: _____

Telephone: _____

Date of Birth: _____ Applicant 1

Date of Birth: _____ Applicant 2

Next of kin (name and phone number): _____

Comments: _____

****YOU WILL BE ALLOWED ONLY ONE OPPORTUNITY TO REFUSE AN APARTMENT. UPON SECOND REFUSAL, YOUR APPLICATION WILL BE DISCARDED AND YOU WILL NEED TO RE-APPLY****

****PLEASE COMPLETE ALL PAGES. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

Pre-Admission Medical Information Form

1. Is the applicant(s) currently a client with homecare or mental health?
Yes _____ No _____

If you answered 'No' to question #1, proceed to question #4.

2. If yes, name of Case Coordinator or Mental Health proctor:

3. List the services currently provided by homecare/mental health:

4. Does the applicant(s) display signs of Dementia/Alzheimer's Disease?
Yes _____ No _____

5. If yes to #4, has the diagnosis been confirmed? Yes _____ No _____

Comments:

I declare the above information is correct and accurate to the best of my knowledge. I understand that this application does not constitute an obligation to provide me with accommodation.

I acknowledge that my signature indicates that I am aware that this apartment complex is smoke-free and a breach of this may result in termination of tenancy.

Applicant Signature

Date