HOBBS MANOR

333 – 15TH Street, Brandon, Manitoba R7A 6P4

hobbsmanor@wcgwave.ca * 204-728-3151

APPLICATION FOR TENANCY

IMPORTANT: YOU MUST COMPLETE ALL REQUIRED FIELDS

NAME: _____

SURNAME **GIVEN NAMES**

_____

BIRTHDATE

CO-APPLICANT: _____

SURNAME **GIVEN NAMES**

_____

BIRTHDATE

ADDRESS: _____

POSTAL CODE: _____ **EMAIL:** _____

PHONE (HOME): _____**(CELL)**_____

Emergency Phone # Name: _____Phone: _____

HEALTH:

ARE YOU ABLE TO LIVE INDEPENDENTLY? _____

DO YOU HAVE ANY DISABILITIES? _____

ACCOMMODATION PREFERENCE:

ONE BEDROOM, FLOOR (1 – 6) EXPOSURE: EAST ___WEST ___ No preference _____

TWO BEDROOMS, FLOOR (1 – 6) EXPOSURE: NORTH ___ SOUTH ___ No preference ___

PARKING REQUIRED: YES _____ NO _____

WHEN DO YOU WISH TO MOVE INTO HOBBS MANOR?

_____

RENT:

MARKET RENT _____ One Bedroom Suite

_____ Two Bedroom Suite

PARKING _____ per month

**The Board of Directors has implemented a refusal policy of 2 times, then your names will go to the bottom of the list. **

DECLARATION:

I/We declare that the information recorded in this application is true and complete.
I/We understand that Hobbs Manor is a 55+ apartment setting for seniors who can live independently.

Signed this _____ day of _____, 20_____

_____ _____

Signature Signature

All applicants will be interviewed personally by members of the Admissions Committee of Hobbs Manor Inc. **"APPLICATION DOES NOT GUARANTEE ADMISSION, REFERENCES MAY BE REQUIRED."**

NOTES:_____

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