



Meadowood Manor ~ Personal Care Home ~ Elderly Persons Housing Complex
575 - 577 St. Anne's Road
Winnipeg, Manitoba R2M 5B2
Phone: 257-2394
Fax: 254-5402

**MEADOWOOD MANOR TOWER
TENANCY APPLICATION**

REFERENCES

PRESENT LANDLORD

Name of Present Landlord: _____

Telephone Number: _____

Present Rental Address: _____

Date Tenancy Commenced: _____

PREVIOUS LANDLORD

Name of Previous Landlord: _____

Telephone Number: _____

Previous Rental Address: _____

Date Tenancy Commenced: _____

Date Tenancy Ended: _____

I hereby confirm that the information disclosed on this entire form is true and complete, and acknowledge that any false, misleading or incomplete information is sufficient grounds for the Manitoba Baptist Home Society Inc. (the "Landlord") to reject my tenancy application.

I understand that the information on this form is being disclosed for the purpose of assisting the Landlord in determining whether to accept my tenancy application.

DATED: _____, 2 _____.

Witness:

Name:

Name:

THE AUTHORIZATION ON THE NEXT PAGE MUST BE SIGNED

**MEADOWOOD MANOR TOWER
TENANCY APPLICATION**

AUTHORIZATION

TO: _____

RE: _____

I HEREBY AUTHORIZE you to furnish and release to MEADOWOOD MANOR TOWER any and all information concerning myself/ourselves with respect to my/our prior/present tenancy.

A facsimile or emailed copy of this authorization shall serve in its stead.

Witness:

Name:

Name:

Please return requested information to:

MEADOWOOD MANOR TOWER
575 St. Anne's Road
Winnipeg, MB, R2M 5B2

Attention: Marlene Piel, Elderly Persons Housing Coordinator

Telephone: (204) 257-2394
Facsimile: (204) 254-5402
Email: mpiel@meadowood.ca