



*Riverside Lions Seniors Residences*  
180 Worthington Avenue  
Winnipeg, MB R2M 1S4  
Tel. (204) 255-8940 Fax (204) 255-1527  
Email: [epontanos@riversidelions.mb.ca](mailto:epontanos@riversidelions.mb.ca)

## APPLICATION FOR RESIDENCY Assisted Living Retirement Residence

Please complete this application and mail or drop off to:  
Riverside Lions Seniors Residences, 180 Worthington Ave., Wpg., MB. R2M 1S4

Applicant First Name:	Applicant Last Name:
Applicant courtesy: Mr. – Mrs. – Ms.	Applicant Birth Date (mm/dd/yyyy):
Co-applicant First Name:	Co-applicant Last Name:
Co-applicant courtesy: Mr. – Mrs. – Ms.	Co-applicant Birth Date (mm/dd/yyyy)
Mailing address: Apt. /Street No. _____ Street Name: _____ City: _____ Province: _____ Postal Code: _____ Phone: (H) _____ (C) _____ (W) _____ Email: _____	
Your present form of accommodation is: Please check one of the following: Renting: <input type="checkbox"/> Non-Profit Housing: <input type="checkbox"/> Homeowner: <input type="checkbox"/> Living with family: <input type="checkbox"/> Other (please describe) :	
Do you require parking? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you require accommodation in a suite more designed for a wheelchair user? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How soon are you interested in moving in? As soon as a suite becomes available: <input type="checkbox"/> Within the next year: <input type="checkbox"/> Within 2 to 5 years : <input type="checkbox"/>	
Have you ever been exposed to bed bugs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Are you a smoker <input type="checkbox"/> or non-smoker <input type="checkbox"/> ? (please check)	
*We do not allow smoking in any rented spaces or anywhere on our property.	

## Alternate Contact Information

If you wish, we may contact an alternate person about your application. For example, if we are having trouble reaching you then you may wish us to contact a friend or your daughter/son. If you wish us to contact an alternative person, please include their contact information below. You may also include special instructions regarding under what conditions we may phone your alternate contact.

**1) Name:** \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Cell

Address: \_\_\_\_\_

\_\_\_\_\_

Special Instructions (if relevant): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2) Name:** \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Cell

Address: \_\_\_\_\_

\_\_\_\_\_

Special Instructions (if relevant): \_\_\_\_\_

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