Linden Place – A Steinbach Housing Partner

Subsidized Application for Housing

Name of Applicant(s): _____

Street Address: _____

Town/City: _____ Postal Code: _____

Telephone Number: _____

Date(s) of Birth: _____

Contact Person (if applicant unavailable): _____

****

Total Annual Household Income: _____

Do you require a parking space: Yes ___ No ___

Room preference: _____

Comments:

_____

_____

_____

_____

Signature: _____ Date: _____

PLEASE RETURN TO: FERNWOOD PLACE, 303 THIRD STREET, STEINBACH, MB, R5G 1K1