



**WITHDRAWAL OF APPLICATION/REFUSAL OF A UNIT**  
**FOR ELDERLY PERSONS' HOUSING**

Withdrawal of Application  Refusal of a Unit

Date (mm/dd/yyyy): \_\_\_\_\_ Time \_\_\_\_\_

**Select from**

- Boyne Towers, Carman  Crescent Lodge, Gladstone
- Centennial Apartments, Gladstone  Regency House, Portage la Prairie
- Rotary Park, Portage la Prairie

**Applicant(s) Name(s):** \_\_\_\_\_

**Name of individual communicating the information**

(applicant(s) or alternate contact as identified in application): \_\_\_\_\_

**Method of communication**

Telephone  Email  Letter  In person

**Mailing address of individual communicating the information**

(applicant(s) or alternate contact as identified in application)

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature \_\_\_\_\_ (mm/dd/yyyy): \_\_\_\_\_

**Individual receiving information on behalf of Southern Health-Santé Sud**

Signature \_\_\_\_\_ (mm/dd/yyyy): \_\_\_\_\_

**Letter of confirmation sent**

Signature \_\_\_\_\_ (mm/dd/yyyy): \_\_\_\_\_