INDOCHINA CHINESE ASSOCIATION OF MANITOBA CITY OASIS (435 Cumberland Avenue)

C/O 757 HENDERSON HIGHWAY WINNIPEG, MANITOBA R2K 2K7 - Tel 982-2000 Fax 669-4509

CONFIDENTIAL APPLICATION FOR TENANCY

The following information is required from all applicants to determine eligibility for housing. **Incomplete applications cannot be processed.** Acceptance of the application is subject to eligibility and the availability of accommodation. All information is kept in strict confidence in accordance with the Personal Information Protection and Electronic Documents Act. If you have any questions contact the Property Management office at (204) 982-2000.

PLEASE PRINT

No Smoking - No Pets

1. HOUSEHOLD INFORMATION:

INFORMATION ABOUT YOU:

FULL NAME:	First Name	Middle Name	Last Name	
			POSTAL CODE:	
PHONE:	(residence)		(business)	
		(cellular)	· 	(other)
SOCIAL INSURAN (to obtain credit rep	CE NUMBER: oort and to obta	in new address afte	er move-out if not provided)	
DATE OF BIRTH (I	mmm-dd-yyyy)	· ·		
CANADIAN CITIZE (Attach copy of doc		ANDED IMMIGRAN	T VISA	
INFORMATION ABO	,	SON WHO WILL LI	VE WITH YOU:	
NO ONE WILL LIV	E WITH ME (ch	neck if this applies):		
ELILI NIAME.				
FULL NAME:First N	lame Middle	e Name Last Name		
ADDRESS:			POSTAL CODE:	
PHONE:		(residence)	(business)
		(cellular)	,	(other)
RELATIONSHIP TO	ว YOU (wife/hเ	usband, care worke	r etc.):	
SOCIAL INSURAN	-	ain new address aft	er move-out if not provided)	
·			·	
DATE OF BIRTH (1	mmm-dd-yyyy)	·		
CANADIAN CITIZE (Attach copy of doc		ANDED IMMIGRAN	T WORK / STUDENT	VISA

	Address:	City:	Prov:			
		?				
		?				
	Why did you leave?					
		nd Telephone Number:				
3.	PREVIOUS ADDRESS:					
	Address:	City:	Prov:			
		?				
		?				
		nd Telephone Number:				
4.	EMPLOYMENT INFORMAT Please fill out for ALL EMPLO	TION: OYED members of the household.				
	(<u>YOU</u>) Name:	Current Employer	r:			
	Address:					
	Position:	Supervisor:				
	How Long?	Phone Number:				
	(OTHER) Name:	Current Emplo	yer:			
	Address:					
	Position:	Supervisor:				
	How Long?	Phone Number:				
5.	FINANCIAL INFORMATION: Please report the total gross income (income before tax deductions) of ALL members of you household who will be living in the unit. If you receive income from more than one source please list each source separately. Attach an additional sheet if necessary.					
	First Name Person 1	Last Name Monthly Income A				
	Person 2					
	Typical Sources of Income ar Employment Employment Insurance Interest from Investments	e: Employment & Income Assistance Pensions Canada Student Loans	Self-Employment Band Assistance Insurance Settlement			

2. CURRENT ADDRESS:

All household members will be required to submit documentation of their current income as recorded above, as well as a certified copy of the most recent income tax report (Option C Printout) from Revenue Canada (1-800-959-8281). Income information will be required on an annual basis after moving in to a unit.

6. ADDITIONAL INFORMATION:

Do you require parking? No ____ Yes ____

7. <u>DECLARATION:</u>			
I/We understand that the residence is formed for the purpose of providing affordable ho individuals of modest incomes.			
I/We understand that violence of any nature, threats to other's well-being, harassment, discrimination, and acts of vandalism and/or any actions or inactions that negatively affect others enjoyment of the premises may result in termination of my lease and I/We may be required to vacate the premises. I/We undertake to create and maintain a safe, secure environment in the premises. I/We understand that this positive environment is my/our responsibility to uphold with my/our family members as well as my/our guests. I/We agree provide a minimum of 3 full calendar months notice in writing in advance of vacatin my/our unit. Failure to provide adequate notice will result in being charged for 3 morent to cover the time that the unit is vacant.			
the Landlord and/or its Agent to verify any or all of the information contained herein.			
DATE:	SIGNATURE:		
Applicant Name (Print)	Applicant signature		
Co-Applicant Name (Print)	Co-Applicant signature		

RESIDENCE HISTORY TO FORM PART OF THE APPLICATION FOR HOUSING

ALL APPLICANTS MUST PROVIDE 5 YEARS OF RESIDENCY REFERENCES.

PLEASE HAVE YOUR CURRENT LANDLORD / PROPERTY MANAGER COMPLETE THIS FORM AND SUBMIT IT ALONG WITH YOUR APPLICATION.

CURRENT LANDLORD / MANAGER: THIS REFERENCE IS FOR: _____ (Applicant's Name) REGARDING THE FOLLOWING ADDRESS: __ (Applicant's CURRENT address) Period of residency: FROM: TO:____ Amount of Monthly Payment: Are all utilities included in monthly payment (check one)? YES NO If utilities are paid directly by the occupant, were they paid on time (check one)? YES _____ LATE _____ UNKNOWN Payment History (check one): _____ GOOD ____ FAIR ____POOR Number of notices issued for unpaid or late payments during the residency: Is unit well kept inside and out (check one)? YES _____NO ____UNKNOWN Any noise complaints on file (check one)? YES _____ NO ____ UNKNOWN Any other disturbances (check one)? YES _____ NO ____ UNKNOWN If YES, please provide details: Has notice to vacate been given? _____ YES _____ NO If NO, how much notice is required? Would you rent to this occupant again? YES _____ NO COMPLETED BY (please print):

APPLICANT: If you have been at this residence for less than 5 years, please complete a Residence History Form for you previous addresses.

RESIDENCE HISTORY TO FORM PART OF THE APPLICATION FOR HOUSING

Phone:

Company:

ALL APPLICANTS MUST PROVIDE 5 YEARS OF RESIDENCY REFERENCES.

PLEASE HAVE YOUR PREVIOUS LANDLORD / PROPERTY MANAGER COMPLETE THIS FORM AND SUBMIT IT ALONG WITH YOUR APPLICATION IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 5 YEARS.

PREVIOUS LANDLORD / MANAGER:

THIS REFERENCE IS FOR:					
		pplicant's Na	me)		
REGARDING THE FOLLOWIN	G ADDRESS:				
1120/112110		pplicant's Ad	dress)		
Period of residency:	FROM:		_ TO:_		
Amount of Monthly Payment:	\$				
Were all utilities included in monthly payment (check one)?					_ NO
If utilities were paid directly by t	he occupant, were t	hey paid on t	ime (check one	e)?	
YES	NO		_LATE		_UNKNOWN
Payment History (check one):	GOOD		_FAIR		_POOR
Number of notices issued for ur	npaid or late paymer	nts during the	residency:		_
Any noise complaints on file (check one)? YES YES					_UNKNOWN
Any other disturbances (check one)?YES					_UNKNOWN
If YES, please provide details:					
Was proper notice to vacate given (check one)?				YES	NO
Were there any charges to the occupant after vacating (check one)?			e)?	YES	NO
If YES, have charges been paid (check one)?				YES	NO
Would you rent to this occupant again (check one)?				YES	NO
COMPLETED BY (please print)	:				
Title:	Co	mpany:			
Phone:	Fa	x:			

APPLICANT: If you have been at this residence and the previous residence for less than 5 years, please have your previous Landlord / Property Manager complete a Residence History Form. ALL APPLICANTS ARE REQUIRED TO PROVIDE 5 YEARS OF RESIDENCY REFERENCES.

757 Henderson Highway, Winnipeg, Manitoba R2K 2K7 Tel 982-2000 Fax 669-4509

PERMISSION TO RELEASE PERSONAL INFORMATION

As Property Managers we wish to advise you that the Personal Information Protection and Electronic Documents Act (PIPEDA) is a federal law that protects the privacy of personal information. The Act regulates the collection, use and disclosure of personal information by organizations. Organizations that collect personal information are responsible for what they collect and how they use it.

I agree that Murdoch Management may collect personal information about me, which may include the following:

Contact information, household size and composition, household income and source of that income, place of employment, credit report, housing charge payment or rental payment record, age, birthdates, social insurance number, gender, medical information, any incidents of property damage, complaints filed by others concerning the household, pet information, vehicle information, next of kin and emergency contact information.

By signing this consent form, I agree that Murdoch Management Inc. may keep this information, and agree that this information may be made available to the following:

Office staff; Board of Directors; Member Selection Committee, Parking and Pet Committees; Utility Companies; Auditors; C.M.H.C.; Manitoba Housing and Renewal Corporation and Manitoba Family Services and Housing.

I understand that Murdoch Management may use this information to:

- Contact me about this application
- Determine my eligibility for housing
- Comply with the group's operating agreement or program rules
- Decide if I qualify for a subsidy and the calculate the subsidy
- Decide if I qualify for an internal move
- Compile reports for C.M.H.C. and Manitoba Family Services and Housing

The PIPEDA requires us to designate a person responsible for handling questions or complaints about how we use and protect personal information. If you have any questions or concerns, please contact the Personal Information Protection Officer, Shirley Shelest at 982-2004.

I understand that Murdoch Management will destroy personal information it no longer needs as legislated by the PIPEDA, and I have read and received a copy of this statement. All Members of the household 16 years of age and older are required to sign this statement.

Applicant	Date	
Applicant	Date	