



**2. CURRENT ADDRESS:**

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

How long did you live there ? \_\_\_\_\_

How much rent did you pay ? \_\_\_\_\_

Why did you leave ? \_\_\_\_\_

Landlord's Name, Address and Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**3. PREVIOUS ADDRESS:**

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

How long did you live there ? \_\_\_\_\_

How much rent did you pay ? \_\_\_\_\_

Why did you leave ? \_\_\_\_\_

Landlord's Name, Address and Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**4. EMPLOYMENT INFORMATION:**

Please fill out for ALL EMPLOYED members of the household.

**(YOU)** Name: \_\_\_\_\_ Current Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

How Long? \_\_\_\_\_ Phone Number: \_\_\_\_\_

**(OTHER)** Name: \_\_\_\_\_ Current Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

How Long? \_\_\_\_\_ Phone Number: \_\_\_\_\_

**5. FINANCIAL INFORMATION:**

Please report the total gross income (income before tax deductions) of ALL members of your 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.

	<u>First Name</u>	<u>Last Name</u>	<u>Monthly Income Amount</u>	<u>Source</u>
Person 1	_____			

Person 2	_____			
----------	-------	--	--	--

Typical Sources of Income are:

*Employment*

*Employment Insurance*

*Interest from Investments*

*Employment & Income Assistance*

*Pensions*

*Canada Student Loans*

*Self-Employment*

*Band Assistance*

*Insurance Settlement*

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. **DECLARATION:**

I/We understand that the residence is formed for the purpose of providing affordable housing to 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 to provide a minimum of 3 full calendar months notice in writing in advance of vacating my/our unit. Failure to provide adequate notice will result in being charged for 3 months rent to cover the time that the unit is vacant.**

**I/We declare that all the information in this application is correct and hereby authorize 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 \_\_\_\_\_ NO \_\_\_\_\_ 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): \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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



MURDOCH



MANAGEMENT

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