

**INDOCHINA CHINESE ASSOCIATION OF MANITOBA  
CITY OASIS ( 4 3 5 C u m b e r l a n d A v e n u e )**

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 Allowed

**1. HOUSEHOLD INFORMATION:**

**INFORMATION ABOUT YOU:**

FULL NAME: \_\_\_\_\_  
First Name Middle Name Last Name

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (residence) \_\_\_\_\_ (business)  
\_\_\_\_\_ (cellular) \_\_\_\_\_ (other)

SOCIAL INSURANCE NUMBER: \_\_\_\_\_  
(to obtain credit report and to obtain new address after move-out if not provided)

DATE OF BIRTH (mmm-dd-yyyy): \_\_\_\_\_

CANADIAN CITIZEN : \_\_\_\_\_ LANDED IMMIGRANT \_\_\_\_\_ VISA \_\_\_\_\_  
(Attach copy of documents)

**INFORMATION ABOUT THE PERSON WHO WILL LIVE WITH YOU:**

NO ONE WILL LIVE WITH ME (check if this applies): \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
First Name Middle Name Last Name

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (residence) \_\_\_\_\_ (business)  
\_\_\_\_\_ (cellular) \_\_\_\_\_ (other)

RELATIONSHIP TO YOU (wife/husband, care worker etc.): \_\_\_\_\_

SOCIAL INSURANCE NUMBER: \_\_\_\_\_  
(To obtain credit report and to obtain new address after move-out if not provided)

DATE OF BIRTH (mmm-dd-yyyy): \_\_\_\_\_

CANADIAN CITIZEN : \_\_\_\_\_ LANDED IMMIGRANT \_\_\_\_\_ WORK / STUDENT VISA \_\_\_\_\_  
(Attach copy of documents)

**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	_____			
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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