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Manitoba R0C 3G0
Ph: (204) 389-3659

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

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): _____
(One household occupant must be at least 55 years of age, or provide a physician's note advising it is necessary for you to live in an assisted living environment.)

CANADIAN CITIZEN : _____ LANDED IMMIGRANT _____ VISA _____

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): _____
(One household occupant must be at least 55 years of age, or provide a physician's note advising it is necessary for you to live in an assisted living environment.)

CANADIAN CITIZEN : _____ LANDED IMMIGRANT _____ VISA _____

1. 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: _____

2. 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: _____

3. 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:

<i>Employment</i>	<i>Employment & Income Assistance</i>	<i>Self-Employment</i>
<i>Employment Insurance</i>	<i>Pensions</i>	<i>Band Assistance</i>
<i>Interest from Investments</i>	<i>Canada Student Loans</i>	<i>Insurance Settlement</i>

All household members are 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) with this application. Income verification will be required on an annual basis after moving in to a unit.

4. ADDITIONAL INFORMATION:

Which suite number is your: 1st choice _____ 2nd choice _____ 3rd choice _____

Are you a couple requiring a 2 bedroom? _____ (Please provide a note from you physician confirming you require a 2 bedroom suite for medical purposes).

5. DECLARATION:

I/We understand that consideration of others is paramount. Any actions that negatively affect others enjoyment of the premises may result in termination of my lease. 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