

PORTUGUESE NON-PROFIT HOUSING CORPORATION

~ Lar Santa Isabel ~ Application for Housing

857 Wall Street, Winnipeg, Manitoba

I/We _____, hereby make an application for housing in the Portuguese Non Profit Housing Project located at 857 Wall Street, Winnipeg, Manitoba. I/We understand that acceptance into this Housing Project is subject to my/our eligibility, the approval of the Board of Directors and the availability of accommodation.

I/We understand that there is a requirement for a Damage Deposit. Manitoba Housing's guidelines indicate a sponsored person/persons is NOT eligible. Documentation is required confirming Canadian Citizenship or Landed Immigrant Status. A CERTIFIED COPY OF THE INCOME TAX RETURN, for ALL potential occupants is necessary prior to processing of this application. I/We agree to complete the Housing Corporation's Housing Occupancy Agreement, and to comply with the Corporation's Rules and Regulations for residents of the Housing Project.

By signing this application I/We provide My/Our consent to the securing of any information, or documents from any source which may be deemed necessary to assess My/Our eligibility.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Answering all of these questions to the best of your ability will assist us in determining your eligibility for housing. All information will be held in the strictest of confidence.

1. PERSONAL

Applicant Name _____ Applicant Date of Birth _____

Co-Applicant Name _____ Co-Applicant Date of Birth _____

Home Phone # _____ Work Phone # _____

Current Address _____

City _____ Province _____ Postal Code _____

How long have you resided at the above address? _____ Canadian Citizen? Yes or No
Documentation is required confirming Canadian Citizenship or Landed Immigrant Status.

What is your current Rent/Month: \$ _____ (Including all your residential costs)

If you are a renter, what is your CURRENT Landlord/Agent's Phone: _____

and your CURRENT Landlord/Agent's Address: _____

What was your PREVIOUS Address: _____

Note: We will contact you if a suitable unit becomes available.
Only contact us to update your contact information (i.e. change of address).

2. HOUSEHOLD AND DEPENDENTS

Please list all of the people in your household who will reside with your. (PLEASE PRINT).

Surname	Given Names	Relationship to Applicant	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____

3. ACCOMMODATION REQUIRED.

1 Bedroom ___ 2 Bedrooms(not available)

Parking Required Yes or No ___ Number of Stalls ___

Vehicle Make _____ Year _____

Desired Date of Occupancy _____

4. FINANCIAL INFORMATION

Employed ___ Full Time ___ Part Time ___ Employer Name _____

Retired Yes ___ No ___

Other (Please specify) _____

Gross Household Annual Income from all sources before deductions
(Including all household members' income). \$ _____/Year (Before Deductions)

Sources of income (annual): (Circle Applicable Sources)

- A. Employment (Including self-employment)
- B. Unemployment Insurance
- C. Workers Compensation
- D. Provincial Social Allowance
- E. Municipal Social Assistance
- F. Student Assistance/Allowance
- G. Maintenance/Alimony Payments
- H. Old Age Security.
- I. Guaranteed Income Supplement (GIS)
- J. 55 Plus
- K. Canada Pension Plan Supplement
- L. Veteran Allowance and Income
- M. Private Retirement Pension.
- N. Interest Income From Savings, Investments, Canada Savings Bonds.
- O. Other _____

Worker's Name _____

Worker's Phone _____

Contact Revenue Canada @ 983-6350 to obtain a Certified Copy of your income tax return.
If employed, supply us with the last three months payroll stubs.

5. REFERENCES (Please list two)

Name: _____ Address: _____

Telephone: _____ Relationship: _____

Name: _____ Address: _____

Telephone: _____ Relationship: _____

6. OTHER INFORMATION PERTINENT TO THIS APPLICATION (I.E. Special Needs)

References Checked By: _____ Date: _____
Interview Performed By: _____ Date: _____

Application Recommended By:
Management _____ Date: _____

Membership Committee Chair: _____ Date: _____

Approved by the Board of Directors at a meeting of the Board held on: _____

(Signing Officer) _____ Date: _____

*PLEASE RETURN THIS COMPLETED APPLICATION TO OUR PROPERTY
MANAGEMENT OFFICE AT:*

**PORTUGUESE NON-PROFIT HOUSING CORPORATION
C/O MURDOCH MANAGEMENT INC.
757 HENDERSON HIGHWAY
WINNIPEG, MANITOBA
R2K 2K7
PHONE: 982-2000 FAX: 669-4509**

Note: We will contact you if a suitable unit becomes available.
Only contact us to update your contact information (i.e. change of address).