

c/o MURDOCH MANAGEMENT INC. 757 HENDERSON HIGHWAY WINNIPEG, MB. R2K2K7 PHONE: 982-2000 FAX: 669-4509

Signature of Applicant

Application For Residency All Questions Must Be Completed and returned

Note: We will contact you if a suitable unit becomes available.

Only contact us to update your contact information (i.e. change of address).

1. PERSONAL INFORMATION Name Address City Postcode Work Telephone Date of Birth Co-applicant Date of birth 2. LIST ALL PERSONS THAT WILL BE RESIDING WITH APPLICANTS Name Relation Age Name Relation Age How many bedrooms would you require? Would you require parking? How many? Are you, or any member of your household, physically handicapped? If yes, please describe nature of handicap:_ 3. AUTHORIZATION FOR PERSONAL INVESTIGATION I/We herby authorize Villa Cabrini Inc. and or its agent to conduct a complete personal and credit investigation. I/We declare that to the best of my knowledge the information provided herein to be correct. Signature of Applicant

5. REFERENCES

	Address	Phone	Relatio
Name	Address	Phone	Relatio
6. RENTAL INFORMATION	N		
Present Address	Postal Code	Rent(\$)	
Landlord	Landlord Phone Number		
Previous Address	Postal Code	Rent(\$)	
Landlord	Landlord Phone Number		
7. INCOME INFORMATION	N		
Canada Pension	Old Age Security Guaranteed Income Supplement		
Private Pension	Annuity Income	Investment Income	
Employment Income	Other		
	N ()		
Do you require Subsidy	Yes () No ()		
	Yes () No () comments concerning the project	ct:	
Please provide any additional	comments concerning the project	ct:	
Please provide any additional	comments concerning the project	et:	
Please provide any additional 8. EMERGENCY CONTACT	comments concerning the project	ct:	
Please provide any additional 8. EMERGENCY CONTACT NAME: ADDRESS:	comments concerning the project	ct:	

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

PERSONAL INFORMATION PROTECTION STATEMENT

As Property Managers we wish to advise you that the 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 Inc, 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 numbers (on Certified copies of Income Tax Reports), 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 and other Committees; Utility Companies; Auditors; C.M.H.C.; Manitoba Family Services and Housing.

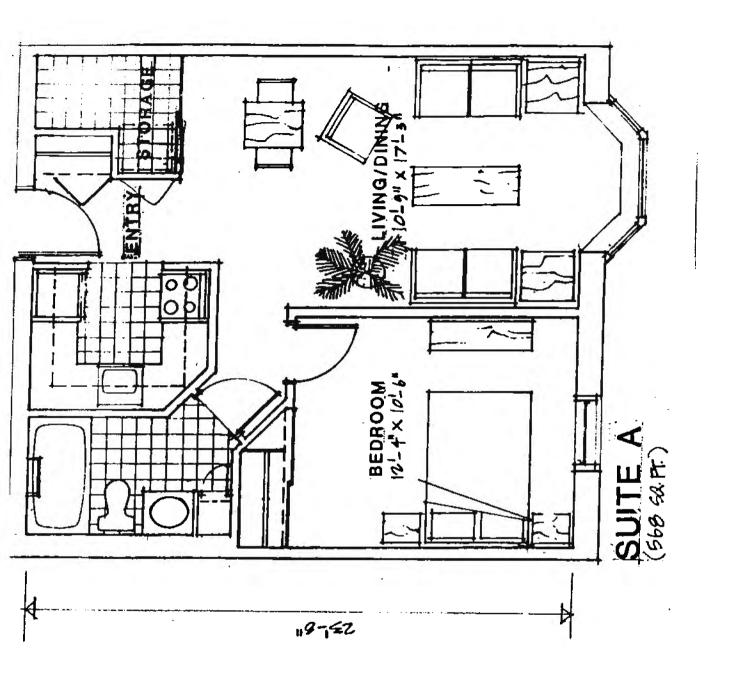
I understand that Murdoch Management may use this information to:

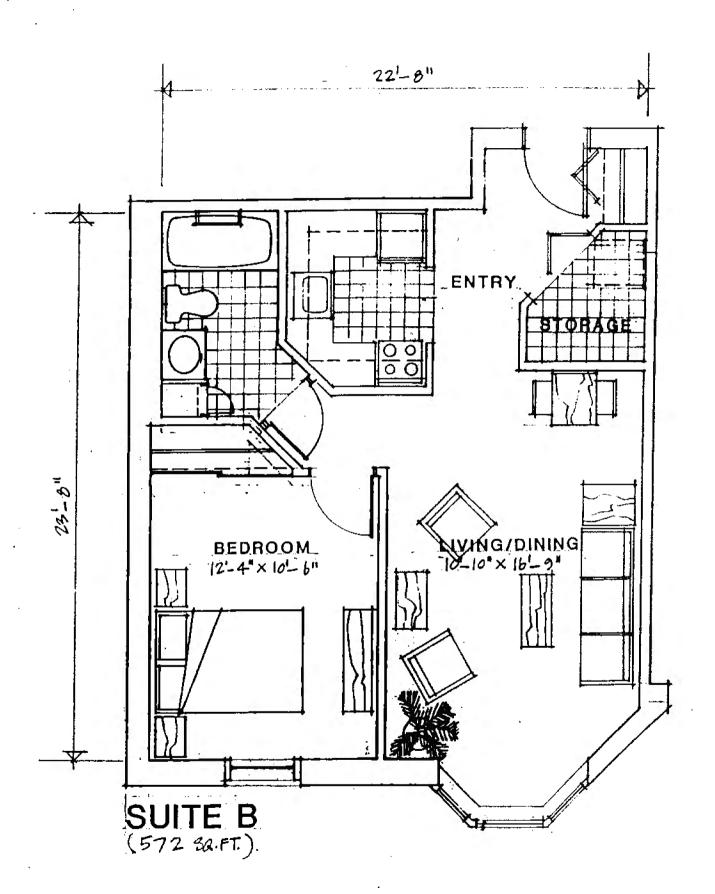
- -Contact me about this application
- -Comply with the group's operating agreement or program rules
- -Decide if I qualify for a subsidy and then calculate the subsidy
- -Decide if I qualify for an internal move
- -Compile reports for C.M.H.C. and Manitoba Family Services and Housing

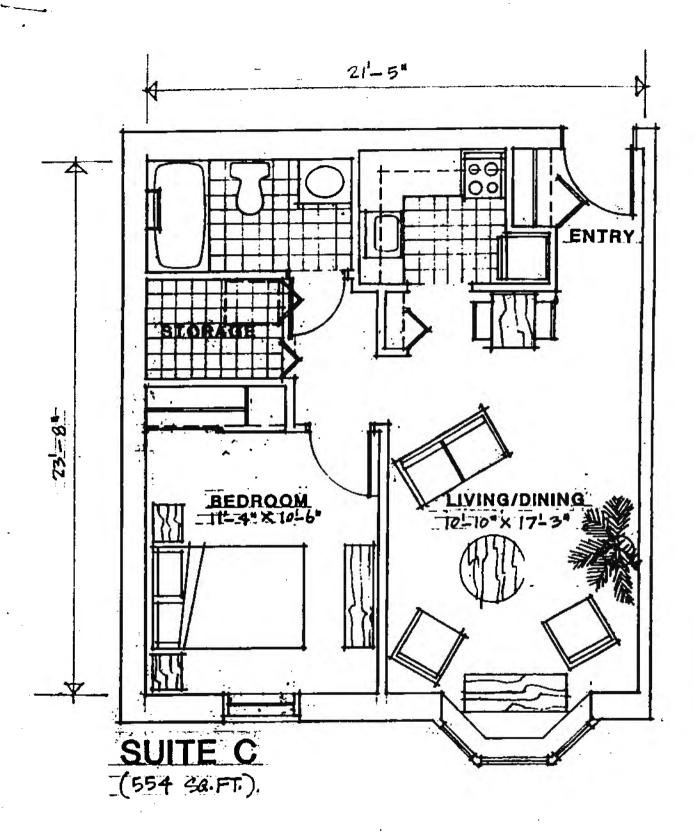
The PIPEDA requires us to designate a person responsible for handling questions or complaints about how we use and protect personal information. If you have any questions or concerns, please contact Murdoch Management's Personal Information Protection Officer, Shirley Shelest at 982-2000.

I understand that Murdoch Management will destroy personal information 7 years after move out or after 6 months if I/we are not accepted, and I/we have read and received a copy of this statement.

SIGNATURES REQUIRED:		
Applicant	Date	
Co-Applicant	Date	







(HANDICAPPED SUITE). (648 50.FT.)