

Westlands Non Profit Housing Cooperative.

55 + Housing Cooperative - (The Westlands at Oddy)

c/o Murdoch Management 757 Henderson Highway, Winnipeg, MB. R2K 2K7

Feb 2013

Re: New 55+ Non Profit Seniors Apartment Co-op.

The Westlands Non Profit Housing project is under construction! The current anticipated Occupancy is June/July 2013 (this may change as construction progresses).

In order to take occupancy, resident members of the Co-op are required to make one \$1,000 "Co-op share purchase" (treated like a damage deposit). The first \$10 of this amount is a Co-op Membership Share and allows you to vote at the meetings of Co-op Members. The balance of \$990 is the share amount required before the Co-op provides possession and is used like a damage deposit in a rental apartment (e.g. returned upon move out).

Since the government plays a major role in financing this project – the documents noted in the application are required to be completed in full. **The required copy of your "Revenue Canada Option C Print Out" – is available free to you by calling Revenue Canada 1-800-959-8281 and simply asking for your Option C Printout). This information will be managed in the strictest confidence by our professional property managers and in accordance with Canadian Law.**

Rent: The current projected rents at this time for occupancy are 1-bedroom suite \$665/mth and, 2-bedroom suite \$890/mth. These rents do not include parking (\$12/mth), TV (negotiating a bulk price), or Phone (your cost). However, they do include heat, light, power, sewer and water, property taxes, garbage removal, regular building and grounds maintenance. Common laundry will be available on site (no charge).

Income Limit: As an affordable Not-For-Profit housing cooperative, there is a maximum total household income limit. At this time, your gross combined household income can be no more than \$42,700 (1-bed) and \$48,500 (2-bed). However, if one occupant has a disability, or other medical issue confirmed by a "doctor's letter" then the upper income limit can be exceeded.

Rent Supplement: If you are unable to afford the rents outlined above, you may be eligible for 'Rent Supplement' (pay 27% of income as resident's rent portion). This assistance may be available to you if your gross household income is below \$23,000 per year. Proof of income is required.

If you are interested in moving into the completed project, we need you to complete the attached "**Application for Occupancy**" and return it to our property managers Murdoch Management (757 Henderson Highway, Winnipeg, Manitoba Canada R2K 2K7). Please also indicate/confirm your 1st 2nd and 3rd choice of suite (use the suite numbers from the brochure) on the form.

If you have questions please call Brenda Gair at our property managers office

Murdoch Management Inc, at 204.982.2006 (toll free 1.800.543.6118).

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CONFIDENTIAL APPLICATION for Membership and Housing.
Return to: 757 Henderson Highway, Winnipeg MB, R2K 2K7
Or Fax to: 669-4509

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 Murdoch Management property managers at (204) 982-2000 or (1-800-543-6118 toll free) – (Fax 669-4509).

PLEASE PRINT

INFORMATION ABOUT YOU:

Full Name: _____
First Name Middle Name Last Name

Mailing Address: _____ **Post Code:** _____

Phone: (home) _____ (work) _____ (cell) _____ (other) _____

Social Insurance Number: _____
(to obtain credit report and to obtain new address after move-out if not provided)

Date Of Birth (month-day-year): _____
(One household occupant must be at least 55 years of age, or if under 55, provide a physician's note advising that due to your medical condition your doctor recommends you to live in this 55 plus complex)

Canadian Citizen : _____ **Landed Immigrant:** _____ **Visa:** _____

INFORMATION ABOUT THE PERSON WHO WILL LIVE WITH YOU (If applicable):

No One Will Live With Me (check if this applies): _____ - or -

Full Name: _____
First Name Middle Name Last Name

Mailing Address: _____ **Post Code:** _____

Phone: (home) _____ (work) _____ (cell) _____ (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 (month-day-year): _____

Canadian Citizen : _____ **Landed Immigrant:** _____ **Visa:** _____

1. CURRENT ADDRESS:

How long have you lived at this current address? _____ **Are you renting?** _____

If you are renting at this address how much rent do you pay for rent? _____

(If applicable) Landlord's Name, Address, and Phone: _____

2. FINANCIAL INFORMATION:

Please report the total gross household income (income before tax deductions) of ALL members of your household who will be living in the new apartment. 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>
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Person 1 _____

Person 2 _____

Typical Sources of Income are:

*Employment income
Employment Insurance
Interest from Investments*

*Employment & Income Assistance
Pensions
Canada Student Loans*

*Self-Employment
Band Assistance
Insurance Settlement*

You must attach to this application a certified copy of the most recent income tax report called an (Option C Printout) for each household member intending to live in this new apartment. This report is available free to you - by calling Revenue Canada (1-800-959-8281) and asking for your Option C Printout.

3. ADDITIONAL INFORMATION:

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

If you wish a 2-bedroom suite and are paying "market" rent you are still required to provide an Option C Printout for each household member intending to live in the new apartment.

If you wish a 2-bedroom and also wish to receive a "subsidized rent" (27% of your income for eligible households) you will require to provide a letter from your physician confirming you require a 2-bedroom suite for medical reasons.

4. 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 occupancy. 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 understand that cooperative occupant members are required to provide a minimum of 3 full calendar months notice in writing in advance of vacating the premises and that failure to provide adequate notice will result in a charge for 3-months housing occupancy charges (rent).**

I/We declare that all the information in this application is correct and hereby authorize the Cooperative 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

Office use only: