

WESTON RESIDENTS HOUSING CO-OP LTD.

C/O, MURDOCH MANAGEMENT, 757 HENDERSON HIGHWAY
WINNIPEG, MANITOBA R2K 2K7 - TEL 982-2000 - FAX 669-4509

Weston Residents Housing Co-op is a 39 unit family housing cooperative in the Weston neighbourhood.

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.

In order to take occupancy, resident members of the Co-op are required to make one \$610.00 "Co-op share purchase" (treated similar to 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 \$600.00 is the share amount required before the Co-op provides possession and is used similar to a damage deposit in a rental apartment. It is returned upon move out when there is no damage or balance owing.

The housing charge ("rent") is based upon 28% of the gross family income, plus a \$10.00 monthly Air-Conditioning fee. Every member of Weston Residents Housing Co-op must provide income documentation annually. The Co-op pays for the member's gas (heat) and water. The member pays for Hydro and other services (phone, internet etc.)

The Co-op has 1, 2, 3 & 4 bedroom units. Units are allocated based on the family make-up using Manitoba Housing guidelines. Approved applicants will not be offered a suite they do not qualify for.

As an affordable Not-For-Profit housing cooperative, there is a maximum total household income limit set yearly. If your household income is greater than this limit you will not be considered for housing. Please contact Murdoch Management for more information.

If you are interested in being put on the waiting list, we need you to complete the attached "Application for Occupancy" and return it to our property manager at Murdoch Management (757 Henderson Highway, Winnipeg, Manitoba Canada R2K 2K7).

If you have questions please call our property management office
Murdoch Management Inc., at (204) 982-2000 or toll free at 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: 204-669-4509

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: (204) 982-2000 Toll Free: 1-800-543-6118.

PLEASE PRINT

INFORMATION ABOUT YOU:

Full Name: _____
First Name Middle Name Last Name

Mailing Address: _____ **Postal Code:** _____

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

Social Insurance Number: _____
(To obtain credit report – we treat all information confidentially although this is not a mandatory requirement)

Date Of Birth (month-day-year): _____

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

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

Full Name: _____
First Name Middle Name Last Name

Mailing Address: _____ **Postal Code:** _____

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

Social Insurance Number: _____
(To obtain credit report – we treat all information confidentially although this is not a mandatory requirement)

Date Of Birth (month-day-year): _____

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

HOUSEHOLD INFORMATION

List **ALL** other household members who will be living with you. Attach an additional sheet if necessary.

<u>Last Name</u>	<u>Given Names</u>	<u>Gender</u>	<u>Relationship to Applicant(s)</u>	<u>Birth date</u>

CURRENT and PAST ADDRESS

How long have you lived at this current address? _____ Is this a rental unit? _____

If you have lived in a rental unit in the past 5 years you must complete the attached Residence History form.

FINANCIAL INFORMATION

Please report the total gross household income (income before tax deductions) of ALL adults who will be living with you. 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>
1)				
2)				
3)				
4)				

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 adult intending to live in the Co-op. This report is available free to you by calling Revenue Canada (1-800-959-8281) and asking for your Option C Printout.

Financial information (current income documentation and the Option C Printout) must be provided before move-in and annually thereafter for the Co-op to calculate your annual housing charges.

ADDITIONAL INFORMATION

Do you have pets? No _____ Yes _____

If yes, please describe the pet(s): _____
(A \$500.00 dog deposit is required BEFORE any dog is moved in to the Co-op.)

POLICE RECORD CHECK

To ensure the safety and security of Co-op Members, staff and guests, all applicants are required to provide a Criminal Record Check obtained from the Winnipeg Police Service. Depending on the findings of the Criminal Record Check further documentation may be required. A Criminal Record Check must be provided for every adult living in the suite BEFORE occupancy.

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 do solemnly declare that throughout the term of my/our lease at Weston Residents Housing Co-op I/we will not have a principal place of residence elsewhere in Canada. **I/We understand that cooperative resident members are required to provide a minimum of 2 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 2-months housing occupancy charges.**

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

MURDOCH



MANAGEMENT

757 Henderson Highway, Winnipeg, Manitoba R2K 2K7
Tel 982-2000 Fax 689-4509

PERMISSION TO RELEASE PERSONAL INFORMATION

As Property Managers we wish to advise you that the Personal Information Protection and Electronic Documents Act (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 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 number, 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 Committee, Parking and Pet Committees; Utility Companies; Auditors; C.M.H.C.; Manitoba Housing and Renewal Corporation and Manitoba Family Services and Housing.

I understand that Murdoch Management may use this information to:

- Contact me about this application
- Determine my eligibility for housing
- Comply with the group's operating agreement or program rules
- Decide if I qualify for a subsidy and the 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 the Personal Information Protection Officer, Shirley Shelest at 982-2004.

I understand that Murdoch Management will destroy personal information it no longer needs as legislated by the PIPEDA, and I have read and received a copy of this statement. All Members of the household 16 years of age and older are required to sign this statement.

Applicant

Date

Applicant

Date

Applicant

Date

RESIDENCE HISTORY
TO FORM PART OF THE APPLICATION FOR HOUSING

PLEASE PROVIDE RENTAL INFORMATION FOR THE PAST 5 YEARS.
WRITE ON BACK OF PAGE IF MORE SPACE IS REQUIRED.

Address: _____

Period of residency from _____ to _____

Amount of monthly payment \$ _____

Are/were all utilities included in monthly payments? (check one) Yes _____ No _____

If the Co-op can contact the landlord, please provide contact info: Name _____

Phone number _____

Address: _____

Period of residency from _____ to _____

Amount of monthly payment \$ _____

Are/were all utilities included in monthly payments? (check one) Yes _____ No _____

If the Co-op can contact the landlord, please provide contact info: Name _____

Phone number _____

Address: _____

Period of residency from _____ to _____

Amount of monthly payment \$ _____

Are/were all utilities included in monthly payments? (check one) Yes _____ No _____

If the Co-op can contact the landlord, please provide contact info: Name _____

Phone number _____

Address: _____

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