



# East Borderland Community Housing Inc.

P.O. Box 207 – Sprague, Manitoba R0A 1Z0

## **CONFIDENTIAL APPLICATION FOR TENANCY**

C/O MURDOCH MANAGEMENT INC. 757 Henderson Highway, Winnipeg, Manitoba, Canada, R2K 2K7

Tel 982-2000 Fax 669-4509 Toll free 1-800-543-6118

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 or (1-800-543-6118 toll free).

**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 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 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): \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
First Name Middle Name Last Name

**Address:** \_\_\_\_\_ **Postal 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:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_

**How long have you lived here ?** \_\_\_\_\_ **How much rent did you pay ?** \_\_\_\_\_

**Why are you leaving ?** \_\_\_\_\_

**Landlord's Name, Address and Telephone Number:** \_\_\_\_\_

\_\_\_\_\_

2. **PREVIOUS ADDRESS:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

How long have you lived here ? \_\_\_\_\_ How much rent did you pay ? \_\_\_\_\_

Why are you leaving ? \_\_\_\_\_

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 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>
Person 1	_____			
Person 2	_____			

**Typical Sources of Income are:**

<i>Employment income</i>	<i>Employment &amp; 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>

**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).**

4. **ADDITIONAL INFORMATION:**

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 be required to provide a letter from your physician confirming you require a 2-bedroom suite for medical purposes.

5. **PREFERRED SUITE CHOICE:**

Preferred Suite: 1st choice number (\_\_\_\_): 2nd choice number (\_\_\_\_): 3rd choice number (\_\_\_\_).  
(Use suite number from plans attached)

6. **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 1 full calendar month's notice in writing in advance of vacating my/our unit. Failure to provide adequate notice will result in being charged for a minimum of 1 month's 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