

WINNIPEG HOUSING

104-60 Frances Street, Winnipeg, Manitoba R3A 1B5 Phone: 204-949-2880

APPLICATION FOR HOUSING

Please read carefully: Your eligibility for housing is primarily determined by income, assets, household composition, national occupancy standards, and reference checks.

(Please print)

APPLICANT: _____
(Last name) (First name) (Initial)

Copy of photo Identification must be provided with the application

Other names (Maiden Name also known as) _____

Social Insurance #: _____ Date of Birth: _____

Phone Res. _____ Cell Phone: _____ Work Phone _____

Current Address _____ Rent _____ Own _____

City/Town: _____ Province: _____ Postal Code: _____

Are you a Canadian Citizen? YES NO If "NO" please provide Immigration Status Records.

Marital Status: Married Separated Divorced
 Widow(er) Common Law Single

(If you are the co-applicant please complete the following)

Co-Applicant/Spouse: _____
(Last name) (First Name) (Initial)

Copy of photo identification must be provided with the application.

Other names (Maiden Name, also known as) _____

Social Insurance # _____ Date of Birth: _____

(if different then above)

Phone Res: _____ Cell Phone: _____ Work Phone: _____

Current Address: _____

City/Town: _____ Province _____ Postal Code _____

Are you a Canadian citizen? YES NO If "NO" please provide Immigration Status Records.

Has anyone on this application previously lived in WHRC Housing? _____ if "YES" please provide address and date:

DECLARATION OF GROSS MONTHLY INCOME

INCOME SOURCE	APPLICANT	CO-APPLICANT	CHILDREN OVER 18	OTHER	OFFICE USE TOTAL
Employment Income					
Tips/Overtime/Bonus/Commission					
Maintenance & child support					
Self-Employed Earnings					
Babysitting or Fostering					
Rental Income					
Investment Income					
Student Support					
Employment Insurance					
Employment & Income Assistance					
Worker's Compensation					
Canada Pension					
Old Age Security/GIS					
55 Plus					
Company Pension					
Veteran Allowance (Canadian & Foreign)					
Disability DVA					
Disability form all sources					
Widow's Pension					
Survivors Pension					
Orphan's Pension					
Annuities					
Trust Funds					
Gifts (of any kind)					
Other					
Total Monthly Income					
					X12 Mths

INSTRUCTIONS:

PLEASE FILL IN THE AMOUNTS FOR INCOME SOURCES THAT APPLY TO YOU AND YOUR FAMILY. SIGN THE DECLARATION BELOW. PLEASE BE AS ACCURATE AS POSSIBLE AND REMEMBER THE INCOME AMOUNTS REQUIRED ARE GROSS AVERAGE MONTHLY. ATTACH ALL SUPPORTING DOCUMENTS FOR EACH INCOME EARNER AND SOURCE OF INCOME WHERE APPLICABLE.

DATE

APPLICANT

CO-APPLICANT/SPOUSE

INCOME INFORMATION

PLEASE ATTACH CURRENT VERIFICATION OF INCOME PAY STUBS/EI STUBS/EIA BUDGET LETTER OR PENSION STATEMENTS

APPLICANT

Employment Status: Employed E.I. EIA Pension

Other, describe: _____

Present employer (if applicable)

Name: _____ How long? _____

Address: _____

CO-APPLICANT/SPOUSE

Employment Status: Employed E.I. Social Assistance Pension

Other, describe: _____

Present employer (if applicable)

Name: _____ How long? _____

Address: _____

FINANCIAL INFORMATION

Do you own or share ownership in your present residence? Yes No

If "NO", monthly rent payment \$ _____

Indicate by "YES" or "NO" which of the following **are included** in your rent:

Heat _____ Hydro _____ Water _____ Fridge _____ Stove _____ Parking _____ Furniture _____

Other: _____

APPLICANTS ON SOCIAL ASSISTANCE, EMPLOYMENT & INCOME ASSISTANCE

Worker's Name _____

Worker's Phone Number: _____ Worker's e-mail _____

For Co-Applicant/spouse

Worker's Name _____

Worker's Phone Number: _____ Worker's e-mail _____

FAMILY INFORMATION

Information about yourself and your family:

Please read carefully. Write below **your own name**, etc. and also the name(s) etc. of all persons who will be living with you.

OCCUPANT INFORMATION (Please list ALL household members that will be living in your household)

NAME	BIRTHDATE	GENDER M/F	RELATIONSHIP

Next of Kin: (to be contacted in case of emergency)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Do you require Disability housing? YES NO

If you answered "YES", please describe the disability: _____

LANDLORD INFORMATION:

APPLICANT:

Previous Address: _____

Name of landlord: _____ Phone Number: _____

E-mail: _____

Reason for vacating: _____

Move In date: _____ Move Out Date: _____

If less than 5 Years:

Past Address: _____

Name of landlord: _____ Phone Number: _____

E-mail: _____

Reason for vacating: _____

Move In date: _____ Move Out Date: _____

CO-APPLICANT/SPOUSE:

Previous Address: _____

Name of landlord: _____ Phone Number: _____

E-mail: _____

Reason for vacating: _____ Move In date: _____ Move Out Date: _____

If less than 5 Years:

Past Address: _____

Name of landlord: _____ Phone Number: _____

E-mail: _____

Reason for vacating: _____

Move In date: _____ Move Out Date: _____

AUTHORIZATION AND DECLARATION

I/we understand this application does not constitute an agreement on the part of Winnipeg Housing Rehabilitation Corporation or its agent to provide me/us with rental accommodation.

I/we acknowledge that this application becomes the property of Winnipeg Housing Rehabilitation Corporation upon delivery by me/us to it or its agent.

I/we further acknowledge the right of Winnipeg Housing Rehabilitation Corporation or its agent at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I/we certify the information given in this application is true, correct, and complete in every respect fully disclosing my/our income from all sources. False information will result in this application being declined or will terminate your tenancy once you move in based on false information.

Personal information is collected by Winnipeg Housing Rehabilitation Corporation and will be used to establish eligibility for rental housing. It is protected under The Personal Information protection and Electronic documents act (PIPEDA).

I/we hereby authorize Winnipeg Housing Rehabilitation Corporation to conduct a personal investigation including past and present landlord reference checks.

Applicant name: _____

Applicant signature _____

Date _____

Co-Applicant name _____

Co-Applicant/Spouse signature _____

Date _____

PLEASE BE ADVISED:

Approved Applications will be kept on file, on our waiting list, for 6 months. APPLICANTS are required to contact Winnipeg Housing before 6 months has expired reconfirming their need for housing. Failure to contact Winnipeg Housing prior to the expiration of 6 months after the application approval date will result in the cancelation of the application.

It is the APPLICANT'S responsibility to notify Winnipeg Housing Rehabilitation Corp. of any changes to their address, phone number, number of dependants and any other information provided in their initial application.

PLEASE RETURN COMPLETED APPLICATIONS TO:

WINNIPEG HOUSING REHABILITATION CORPORATION
104-60 FRANCES STREET, WINNIPEG, MANITOBA R3A 1B5

TRANS UNION OF CANADA, INC

CONSUMER RELATIONS – INFORMATION FORM

TO ENABLE OUR CONSULTANTS TO ID YOU AND YOUR FILE PLEASE COMPLETE THIS FORM IN FULL.

PLEASE PRINT

NAME: _____
 FIRST MIDDLE LAST

NAME OF SPOUSE: _____ TELEPHONE #: _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____
 MONTH/DAY/YEAR

CURRENT ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOW LONG AT THIS ADDRESS?: _____ YEARS: _____ MONTHS: _____

PREVIOUS ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOW LONG AT THIS ADDRESS?: _____

PRESENT /PREVIOUS EMPLOYER: _____

HOW LONG WERE YOU EMPLOYED?: _____

WERE YOU REFUSED CREDIT AT ANY TIME?: YES _____ NO _____

IF YES, PLEASE LIST: _____

NAME OF COMPANY: _____

CONTACT: _____

TELEPHONE #: _____ FAX #: _____

I AM THE PERSON NAMED ABOVE AND I UNDERSTAND THAT I COULD BE PROSECUTED UNDER FEDERAL OR
PROVINCIAL LEGISLATION FOR OBTAINING INFORMATION FROM A CONSUMER REPORTING AGENCY BY
FRAUDULENT MEANS OR UNDER FALSE PRETENCES.

SIGNED: _____ DATE: _____

FOR OFFICE USE ONLY

OPERATOR: _____ CODE: _____ DATE: _____
REGULAR: _____ RUSH: _____ TIME: _____
ID 1: _____ ID 2: _____