



**East Borderland Community Housing Inc.**  
P.O. Box 207 – Sprague, Manitoba R0A 1Z0

**CONFIDENTIAL APPLICATION FOR TENANCY**

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

**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:**

Which suite number is your 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> 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 purposes.

5. **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 3 full calendar months notice in writing in advance of vacating my/our unit. Failure to provide adequate notice will result in being charged for 3 months 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