

# TRANQUILLITY PLACE HOUSING CO-OP

151 Watson Street

c/o 757 Henderson Highway Winnipeg MB R2K 2K7

Tel: (204) 982-2000 Fax: (204) 669-4509

Tranquillity Place Housing Co-op provides independent living for individuals and families with mobility-challenges

## CONFIDENTIAL APPLICATION FOR MEMBERSHIP AND OCCUPANCY

The following information is required from all applicants to determine eligibility for housing. **Incomplete applications will not be processed.** Acceptance of the application is subject to eligibility, approval of the Board of Directors 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 about this application, please contact the Property Management office at (204) 982-2000.

### PLEASE PRINT

#### 1. HOUSEHOLD INFORMATION

##### APPLICANT 1:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (residence) \_\_\_\_\_ (business)  
\_\_\_\_\_ (cellular) \_\_\_\_\_ (other)

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

(to obtain credit report and to obtain new address after move-out if not provided)

DATE OF BIRTH (mmm-dd-yyyy): \_\_\_\_\_

CANADIAN CITIZEN \_\_\_\_\_ LANDED IMMIGRANT \_\_\_\_\_ WORK / STUDENT VISA \_\_\_\_\_

##### APPLICANT 2:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (residence) \_\_\_\_\_ (business)  
\_\_\_\_\_ (cellular) \_\_\_\_\_ (other)

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

(to obtain credit report and to obtain new address after move-out if not provided)

DATE OF BIRTH (mmm-dd-yyyy): \_\_\_\_\_

CANADIAN CITIZEN \_\_\_\_\_ LANDED IMMIGRANT \_\_\_\_\_ WORK / STUDENT VISA \_\_\_\_\_

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

<u>Last Name</u>	<u>Given Names</u>	<u>Gender</u>	<u>Relationship to Applicant(s)</u>	<u>Birthdate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2. RESIDENCE REFERENCES:**

**Please complete and attach the Rental History Check form.**

Remember to provide residence information for the past five (5) years.

**3. PERSONAL REFERENCES:**

Please provide two personal references. (No relatives please)

_____	_____
Name	Address
_____	_____
Relationship to you	Phone Number(s):

_____	_____
Name	Address
_____	_____
Relationship to you	Phone Number(s):

**4. ADDITIONAL INFORMATION**

Do you require parking? No \_\_\_\_\_ Yes \_\_\_\_\_ Number of stalls \_\_\_\_\_

Do you have pets? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe the pet(s): \_\_\_\_\_

\_\_\_\_\_

If permitted to have pets, would you have them? Please explain: \_\_\_\_\_

\_\_\_\_\_

**6. FINANCIAL INFORMATION:**

Please report the total gross income (income before tax deductions) of ALL members of your household who will be living in the unit. If you receive income from more than one source, please list each source separately. Attach an additional sheet if necessary.

<u>Last Name</u>	<u>Given Names</u>	<u>Monthly Income Amount</u>	<u>Source</u>
Person 1			
Person 2			
Person 3			
Person 4			
Person 5			
Person 6			

Typical Sources of Income are:

Employment	Employment & Income Assistance	Self-Employment
Employment Insurance	Pensions	Band Assistance
Interest from Investments	Canada Student Loans	Insurance Settlement
Support Payment Received	Worker's Compensation Benefits	Income Replacement

If your application is successful, all household members will be required to submit documentation of their current income as recorded above, as well as a certified copy of the most recent income tax report filed from Revenue Canada. Income information will be required on an annual basis after moving in to a unit.

Do you agree to provide documentation of your household income upon approval of this application and yearly thereafter?      No \_\_\_\_\_      Yes \_\_\_\_\_

**7. EMPLOYMENT INFORMATION:**

Please complete for ALL EMPLOYED members of the household.  
Attach an additional sheet if necessary.

(A) Name: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

How Long There? \_\_\_\_\_ Phone Number: \_\_\_\_\_

(B) Name: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

How Long There? \_\_\_\_\_ Phone Number: \_\_\_\_\_

(C) Name: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

How Long There? \_\_\_\_\_ Phone Number: \_\_\_\_\_

**8. CO-OP INFORMATION:**

Volunteer work in and around the building by Members helps the Co-op maintain quality housing standards and encourages a friendly, co-operative atmosphere. You may at times be asked for your assistance in yard care and building maintenance. The Co-op maintains high standards because it is directed by the very people who live here.

As a Member of the Co-op you have a voice and a vote. For all those who are interested, there is an opportunity to serve on the Board of Directors to represent all Members of the Co-op. There are committees that need your help for either a few hours or on a long-term basis. Examples of committees are: Social Committee, Spring and Fall Clean Up, Welcoming New Members, Security Patrol and

Attendance at the Co-op's Annual General Meeting and other General Membership Meetings is essential for the Co-op to remain successful.

To further assist the Co-op in processing your application, please complete the following questionnaire to the best of your ability:

**HOUSING NEED**

Is your family currently adequately housed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently reside in a mobility unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there more than 2 people in 1 bedroom? Yes \_\_\_\_\_ No \_\_\_\_\_

Do children over 5 years of age and of the opposite sex share a bedroom? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently paying more than 30% of your income for housing & utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your dwelling in poor condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Is your area unsafe? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are there suitable schools in the area? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

**AWARENESS**

Have you lived in a Co-op before? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, which one and for how long? \_\_\_\_\_

How did you hear about this Co-op? \_\_\_\_\_

If you were referred by a Member of the Co-op, please provide his or her name \_\_\_\_\_

Why did you choose to apply for Membership and Occupancy in this Co-op? \_\_\_\_\_

In your opinion, what is a Housing Co-op ? \_\_\_\_\_

What do you expect to gain by living here? \_\_\_\_\_

How long do you think you will live here? \_\_\_\_\_

**FINANCIAL**

What would you do if you were unable to pay your monthly Housing Charges by the first business day of the month? \_\_\_\_\_

\_\_\_\_\_

What would you do if you broke something in your unit and were charged for the repair? \_\_\_\_\_

\_\_\_\_\_

**ENVIRONMENT**

How would you deal with a neighbour if he or she were making too much noise? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you deal with a neighbour if he or she told you that you were making too much noise? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INVOLVEMENT**

Have you ever served as a Volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe what you did and why you did or did not like it \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your current level of activity in community organizations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Co-operatives require strong member involvement if they are to remain successful. If you become a Member of the Co-op, you will be required to contribute a reasonable amount of time to the co-op, its programs and activities.**

Please describe any specific skills or areas of expertise that you would be able to contribute to ensure the on-going success of the Co-op: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **OTHER**

Name of person who is mobility challenged: \_\_\_\_\_

Please describe the physical nature of the disability: \_\_\_\_\_

\_\_\_\_\_

Does the person who is mobility challenged currently receive assistance with activities of daily living ?    \_\_\_\_\_ Yes        \_\_\_\_\_ No

If yes, please describe the level of assistance provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us who provides the assistance: \_\_\_\_\_

**Note:** The Co-op does not provide Health Care nor Cleaning Services.

Does the person with the mobility challenge currently belong to SMD?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Does the person with the mobility challenge currently belong to CPA?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Does the person with the mobility challenge currently belong to any other organization committed to improving lives of persons with physical challenges?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Use this space to provide us with any additional medical information that you feel is pertinent to your need for an accessible unit (IE: wheel-in shower, raised toilet, tub that can accommodate a hooyer lift etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feel free to use this space to provide us with any addition information that you would like the Co-op to be aware of with regard to your application for Membership and Occupancy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. **DECLARATION:**

- I/We understand that the Co-op is formed for the purpose of providing housing at cost to its members and that membership includes the responsibility to participate in the Co-op, and to attend meetings of the Membership.
- I/We understand that accommodation in the Co-op depends on being accepted for membership in the co-op and that I will be interviewed by the Member Selection Committee or Board of Directors provided my credit and reference checks are positive.
- I/We understand that violence of any nature, threats to other's well-being, harassment, discrimination, acts of vandalism and/or any actions or inactions that negatively affect others enjoyment of the Co-op will result in termination of my Membership and need to vacate the premises. I/We will undertake to create and maintain a safe, secure family environment in the Co-op. 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 declare that all the information in this application is correct and hereby authorize the co-op to verify any or all of the information contained herein.

**DATE:**

**SIGNATURE:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please submit your completed application form, including all attachments, to our Property Management Office at 757 Henderson Highway Winnipeg, MB R2K 2K7**

**You will be contacted when a suitable unit becomes available. Please only contact the office to advise us of any changes in your contact information (IE: phone number, address, # of people in the unit)**

## RESIDENCE HISTORY TO FORM PART OF THE APPLICATION FOR HOUSING

**ALL APPLICANTS MUST PROVIDE 5 YEARS OF RESIDENCY REFERENCES.**

**PLEASE HAVE YOUR CURRENT LANDLORD / PROPERTY MANAGER COMPLETE THIS FORM AND SUBMIT IT ALONG WITH YOUR APPLICATION.**

### **CURRENT LANDLORD / MANAGER:**

THIS REFERENCE IS FOR:

\_\_\_\_\_ (Applicant's Name)

REGARDING THE FOLLOWING ADDRESS:

\_\_\_\_\_ (Applicant's CURRENT address)

Period of residency: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Amount of Monthly Payment: \$ \_\_\_\_\_

Are all utilities included in monthly payment (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If utilities are paid directly by the occupant, were they paid on time (check one)?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ LATE \_\_\_\_\_ UNKNOWN

Payment History (check one): \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR

Number of notices issued for unpaid or late payments during the residency: \_\_\_\_\_

Is unit well kept inside and out (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

Any noise complaints on file (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

Any other disturbances (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

If YES, please provide details: \_\_\_\_\_

Has notice to vacate been given? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, how much notice is required? \_\_\_\_\_

Would you rent to this occupant again? \_\_\_\_\_ YES \_\_\_\_\_ NO

**COMPLETED BY** (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**APPLICANT: If you have been at this residence for less than 5 years, please complete a Residence History Form for you previous addresses.**

## RESIDENCE HISTORY TO FORM PART OF THE APPLICATION FOR HOUSING

**ALL APPLICANTS MUST PROVIDE 5 YEARS OF RESIDENCY REFERENCES.**

**PLEASE HAVE YOUR PREVIOUS LANDLORD / PROPERTY MANAGER  
COMPLETE THIS FORM AND SUBMIT IT ALONG WITH YOUR APPLICATION  
IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 5 YEARS.**

### **PREVIOUS LANDLORD / MANAGER:**

THIS REFERENCE IS FOR:

\_\_\_\_\_

(Applicant's Name)

REGARDING THE FOLLOWING ADDRESS:

\_\_\_\_\_

(Applicant's Address)

Period of residency: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Amount of Monthly Payment: \$ \_\_\_\_\_

Were all utilities included in monthly payment (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If utilities were paid directly by the occupant, were they paid on time (check one)?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ LATE \_\_\_\_\_ UNKNOWN

Payment History (check one): \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR

Number of notices issued for unpaid or late payments during the residency: \_\_\_\_\_

Any noise complaints on file (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

Any other disturbances (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

If YES, please provide details: \_\_\_\_\_

Was proper notice to vacate given (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Were there any charges to the occupant after vacating (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, have charges been paid (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you rent to this occupant again (check one)? \_\_\_\_\_ YES \_\_\_\_\_ NO

COMPLETED BY (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**APPLICANT: If you have been at this residence and the previous residence for less than 5 years, please have your previous Landlord / Property Manager complete a Residence History Form. ALL APPLICANTS ARE REQUIRED TO PROVIDE 5 YEARS OF RESIDENCY REFERENCES.**

MURDOCH



MANAGEMENT

757 Henderson Highway, Winnipeg, Manitoba R2K 2K7  
Tel 982-2000 Fax 669-4509

**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