



Managed by Murdoch Management Inc.  
757 Henderson Highway, Wpg, MB, R2K 2K7 – Tel 982.2000

## APPLICATION FOR RESIDENCY

**Please complete this application and mail or drop off to:  
Villa Cabrini, c/o 757 Henderson Highway, Wpg, MB, R2K 2K7**

Applicant first name: _____	Applicant last name: _____
Applicant courtesy: Mr – Mrs – Ms	Applicant birth date: _____
Co-applicant first name: _____	Co-applicant last name: _____
Co-applicant courtesy: Mr – Mrs - Ms	Co-applicant birth date: _____
Mailing address: Apt/St No: _____ Street name: _____	
City: _____ Province: _____ Post code: _____	
Phone: _____ Email: _____	
Your present form of accommodation is? - Please check one of the following:	
Renting: <input type="checkbox"/> Non profit housing: <input type="checkbox"/> Homeowner: <input type="checkbox"/> Living with family: <input type="checkbox"/>	
Other (Please describe): _____	
Do you require parking? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Do you require accommodation in a suite more designed for a wheelchair user?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
How soon are you interested in moving in?	
As soon as a suite becomes available: <input type="checkbox"/> Within the next year: <input type="checkbox"/>	
Within 2 to 5 years: <input type="checkbox"/> Not sure but please keep me on the waiting list: <input type="checkbox"/>	
<b><u>STATEMENT OF INCOME</u></b>	
<i>If you are applying for rent subsidy, we need to calculate your total income from all sources before deductions to determine eligibility. In this case, if part of your income is annual, for example, bond interest; divide it by 12 to obtain your monthly income.</i>	

<b><u>INCOME SOURCE</u></b>	<b><u>APPLICANT</u></b>	<b><u>CO-APPLICANT</u></b>
Monthly salary or wages/mth		
Old age security/mth		
Guaranteed income supplement/mth		
Spouse's allowance/mth		
Canada pension/mth		
Unemployment insurance/mth		
War veteran's allowances and civilian war allowances/mth		
Manitoba supplement (55+)/mth		
Social allowances/mth		
Private pensions/mth (please specify)		
Disability pension/mth		
Pension from other countries/mth		
Income from investments (stocks, Bonds, savings certificates)/mth		
Rents, annuities, interest income/mth		
Other/mth: (please specify)		
Total monthly income	\$ _____	\$ _____
Safer (shelter allowance)/mth		

I (we) declare the above information to be correct:

Dated: \_\_\_\_\_ Applicant signature: \_\_\_\_\_

Dated: \_\_\_\_\_ Co-applicant signature: \_\_\_\_\_

### **VILLA CABRINI'S VOLUNTEER PROGRAM**

The volunteer program at the Villa Cabrini is designed to support the ongoing programs and services for its seniors. For information on how you can participate as a volunteer, contact the Programmes Director at the Villa at 284-2880.

### **OPTIONAL:**

If you wish, please indicate to us any of the following:

▶ Name special interests, hobbies, or volunteer work you participate in:

\_\_\_\_\_

▶ Any reason(s) why you would like accommodation specifically in Villa Cabrini:

All information you provide to us shall be kept for the sole purpose of your application for residence and for no other purpose. Please review and sign our "Personal Information" statement on the following page.

# MURDOCH



# MANAGEMENT

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

## **PERSONAL INFORMATION PROTECTION STATEMENT**

As Property Managers we wish to advise you that the 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 Inc, 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 numbers (on Certified copies of Income Tax Reports), 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 and other Committees; Utility Companies; Auditors; C.M.H.C.; Manitoba Family Services and Housing.

I understand that Murdoch Management may use this information to:

- Contact me about this application
- Comply with the group's operating agreement or program rules
- Decide if I qualify for a subsidy and then 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 Murdoch Management's Personal Information Protection Officer, Shirley Shelest at 982-2000.

I understand that Murdoch Management will destroy personal information 7 years after move out or after 6 months if I/we are not accepted, and I/we have read and received a copy of this statement.

### **SIGNATURES REQUIRED:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

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