



Columbus House

Columbus Centennial Seniors Housing Co-operative Inc.

c/o Murdoch Management Inc.
757 Henderson Highway
Winnipeg, Manitoba
Canada R2K 2K7
204.982.2000

CONFIDENTIAL APPLICATION FOR MEMBERSHIP & OCCUPANCY

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 Canadian Personal Information Protection and Electronic Documents Act. If you have any questions contact the Property Management office at (204) 982-2000.

PLEASE PRINT CLEARLY

1. INFORMATION ABOUT YOU (The Applicant):

FULL NAME: _____
First Name Middle Name Last Name

ADDRESS: _____ POSTAL CODE: _____

PHONE : _____ (residence) _____ (other)

SOCIAL INSURANCE NUMBER: _____
(required to obtain a credit report and to obtain new address after move-out if not provided)

DATE OF BIRTH (month-day-year): _____

CITIZENSHIP: Canadian Citizen : _____ Landed Immigrant: _____ Other: _____

2. INFORMATION ABOUT WHO WILL LIVE WITH YOU (Co-applicant/Dependent):

NO ONE WILL LIVE WITH ME (check if this applies): _____

Co-applicant FULL NAME: _____
First Name Middle Name Last Name

Co-applicant ADDRESS: _____ POSTAL CODE: _____

Co-applicant PHONE: _____ (residence) _____ (other)

Co-applicant SOCIAL INSURANCE NUMBER: _____
(To obtain credit report and to obtain new address after move-out if not provided)

Co-applicant DATE OF BIRTH (month-day-year): _____

Co-applicant CANADIAN CITIZEN : _____ LANDED IMMIGRANT: _____ OTHER: _____

RELATIONSHIP TO YOU (spouse, child, sibling, care worker etc.): _____

3. CURRENT ADDRESS – FOR RENTAL REFERENCE:

Address: _____ City/Prov: _____ Postal Code: _____

How long have you lived there? _____ How much rent did you pay? _____

Landlord's Name, Address and Telephone Number: _____

4. PREVIOUS ADDRESS – FOR RENTAL REFERENCE:

Address: _____ City/Prov: _____ Postal Code: _____

How long did you live there ? _____ How much rent did you pay? _____

Why did you leave ? _____

Landlord’s Name, Address and Telephone Number: _____

5. SUBSIDY (Limited amounts available to eligible households):

To be eligible for subsidy, you must live in a 1-bedroom unit occupied by a single person or Couple with gross household income less than \$24,500 per year.

If you require subsidy assistance, please submit a current “Certified Income Tax Report-Option C” for all income earners in the household. This is a special report that you must obtain from the Canada Revenue Agency (CRA). Have your current Notice of Assessment in front of you when you call the CRA as they will ask specific questions from this document to verify your identity. The **phone number to obtain your “Certified Income Tax Report – Option C” is 1-800-959-8281.**

6. HOUSEHOLD and FINANCIAL INFORMATION (For Rent Supplement Recipients Only):

How many bedrooms do you require?: _____(One) _____(Two)

Please report the total gross household 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>First Name</u>	<u>Last Name</u>	<u>Monthly Income</u>	<u>Source</u>	<u>Age(years)</u>	<u>Gender</u>
Person 1	_____					
Person 2	_____					
Person 3	_____					

Typical Sources of Income are:

- | | | |
|----------------------------------|---|-----------------------------|
| <i>Employment</i> | <i>Employment & 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> |

7. PARKING:

Do you require parking? _____ (yes) _____ (no) How many spaces? _____

Vehicle Information (#1):

Make/Model: _____ Year: _____

License #: _____ Colour: _____

Vehicle Information (#2):

Make/Model: _____ Year: _____

License #: _____ Colour: _____

8. EMERGENCY ASSISTANCE:

Do you require assistance in case of an emergency? _____ (yes) _____ (no)

If yes, please explain the help you would need to get from your suite to outside the building:

9. NEXT OF KIN (Optional):

In case of Emergency I would like the Co-op to Contact the following person / people:

1st Contact in case of Emergency - Name: _____

Phone Numbers (list all): _____

Address: _____

Relationship to you: _____

2nd Contact in case of Emergency - Name: _____

Phone Numbers (list all): _____

Address: _____

Relationship to you: _____

The Executor of my Estate is:

Name: _____

Phone Numbers (list all): _____

Address: _____

Relationship to you: _____

10. 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 Membership. If accepted, I/We undertake to create and maintain a safe, secure environment in the premises. I/We understand that this positive living environment will be my/our responsibility to uphold with my/our family members as well as my/our guests.

I/We understand that prior to occupancy, I/we must purchase 50 (fifty) Shares in the co-operative at a par value of \$30.00 per share for a total purchase of \$1,500.00 (one-thousand and five-hundred dollars).

I/We understand that 404 Desalaberry Avenue and the surrounding property are animal and smoke-free.

I/We declare that all the information in this application is correct and hereby authorize the Co-op and/or its Agent to verify any or all of the information contained herein. Please see our policy on Protection of Personal Documents and Information attached.

SIGNATURE:

Date

Applicant Name (Print)

Applicant signature

Date

Co-Applicant Name (Print)

Co-Applicant signature

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

MURDOCH



MANAGEMENT

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MURDOCH MANAGEMENT PRIVACY POLICY STATEMENT

OUR COMMITMENT

Our organization is committed to protecting the privacy of the personal information of its employees and clients. We value the trust of those we deal with and of the public, and recognize that maintaining this trust requires that we be transparent and accountable in how we treat the information that is shared with us.

During the course of our day to day business, we gather and use personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of this information is subject to consent. Our privacy policies and procedures are designed to achieve this.

DEFINING PERSONAL INFORMATION

Personal information is any information that can be used to identify a specific individual. This information can include an individual's beliefs or opinions, as well as facts about, or related to, the individual.

PRIVACY PRACTICES

Personal information gathered by our organization is kept in confidence. Our personnel are authorized to access personal information based only on their need to deal with the information for the reason(s) for which it was obtained. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered.

WEBSITE AND ELECTRONIC INFORMATION

Electronic personal information is password protected.

UPDATING OF PRIVACY POLICY

We regularly review our privacy practices for our various activities and update our policy accordingly.

CONTACT INFORMATION

Questions or concerns relating to Murdoch Management's privacy policy regarding the treatment of personal information should be mailed to our office at 757 Henderson Highway, Winnipeg, Manitoba, R2K 2K7. Attention: Privacy Officer