

D.A.L.A.C.P.T. HOUSING CO-OP

200 Watson Street

c/o 757 Henderson Highway Winnipeg MB R2K 2K7

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

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.

D.A.L.A.C.P.T. Housing Co-op provides independent living for individuals and families living with mobility-challenges that impact daily living in such a way that they are not able to function in a regular or modified unit.

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 have your current and past landlord(s) complete the attached Rental History form(s) and submit the completed form(s) with your application. 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. **PARKING / PETS:**

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: _____

5. **MOBILITY CHALLENGE:**

D.A.L.A.C.P.T. Housing Co-op provides independent living for individuals and families living with mobility-challenges that impact daily living in such a way that they are not able to function in a regular or modified unit.

Name of person with a mobility challenge: _____

Describe the nature of the mobility challenge: _____

Does the person with the mobility challenge use a wheelchair or scooter? _____ Yes _____ No

Please describe what mobility aids are used and how often they are used (e.g. manual wheelchair indoors and power chair outdoors – chair needed all the time) _____

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

If yes, please describe the assistance provided and how often it is provided: _____

Who provides the assistance: _____

Note: the Co-op does not provide Health Care or 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 a fully wheelchair accessible unit (e.g. wheel-in shower required, not tall enough to reach regular light switches, hooyer lift needed) Feel free to attach documents that confirm the physical challenge. _____

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.

Documentation of the total household income is 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 or social events. 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. 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:

NOTE: PLEASE SIGN THE FOLLOWING PAGE SO THAT OUR PROPERTY MANAGEMENT OFFICE CAN CONDUCT A BACKGROUND CHECK TO DETERMINE YOUR ELIGIBILITY.

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)

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 calculate the subsidy
- Decide if I qualify for an internal move
- Compile reports for C.M.H.C. and Manitoba Family Services and Housing
- Locate me if I move out without providing a forwarding address

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

RESIDENCE HISTORY – CURRENT ADDRESS
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 – PREVIOUS ADDRESS
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.