PORTUGUESE NON-PROFIT HOUSING CORPORATION

~ Lar Santa Isabel ~ Application for Housing

857 Wall Street, Winnipeg, Manitoba

I/We		, hereby make an application for	
housing in the Portuguese Non Profit	this Housing Projec	ocated at 857 Wall Street, Winnipeg, Manitoba et is subject to my/our eligibility, the approval of	
indicate a sponsored person/persons i Citizenship or Landed Immigrant State ALL potential occupants is necessary	s NOT eligible. I us. A CERTIFIED prior to processing pancy Agreement,	mage Deposit. Manitoba Housing's guidelines Documentation is required confirming Canadian D COPY OF THE INCOME TAX RETURN, for g of this application. I/We agree to complete the and to comply with the Corporation's Rules and	
By signing this application I/We produced documents from any source which may		onsent to the securing of any information, or sary to assess My/Our eligibility.	
Signature of Applicant:		Date:	
Signature of Co-Applicant:		Date:	
Answering all of these questions to the housing. All information will be held 1. PERSONAL		y will assist us in determining your eligibility for onfidence.	
Applicant Name	Applicar	nt Date of Birth	
Co-Applicant Name	Co-App	Co-Applicant Date of Birth	
Home Phone #	Work Pl	none #	
Current Address			
City	Province	Postal Code	
How long have you resided at the above Documentation is required confirming	e address?Canadian Citizens	Canadian Citizen? Yes or No hip or Landed Immigrant Status.	
What is your current Rent/Month: \$ If you are a renter, what is your CURR and your CURRENT Landlord/Agent's What was your PREVIOUS Address:	ENT Landlord/Ag s Address:	ent's Phone:	
	ou if a suitable unit be update your contact	pecomes available. Einformation (i.e. change of address).	

2.	HOUSEHOLD AND DEPENDENTS			
Ple	ease list all of the people in your household who will reside with your. (PLEASE PRINT).			
	Surname Given Relationship Date Names to Applicant of Birth 1 2			
3.	ACCOMMODATION REQUIRED.			
	1 Bedroom 2 Bedrooms(not available) Parking Required Yes or No Number of Stalls Vehicle Make Year			
	Desired Date of Occupancy			
4.	FINANCIAL INFORMATION			
	Employed Full Time Part Time Employer Name Retired Yes No Other (Please specify)			
	Gross Household Annual Income from all sources before deductions (Including all household members' income). \$/Year (Before Deductions)			
	Sources of income (annual): (Circle Applicable Sources)			
	A. Employment (Including self-employment) C. Workers Compensation E. Municipal Social Assistance G. Maintenance/Alimony Payments I. Guaranteed Income Supplement (GIS) K. Canada Pension Plan Supplement N. Interest Income From Savings, Investments, Canada Savings Bonds. O. Other			
	Worker's Name Worker's Phone			
	Contact Revenue Canada @ 983-6350 to obtain a Certified Copy of your income tax return. If employed, supply us with the last three months payroll stubs.			
5.	REFERENCES (Please list two)			
	Name: Address:			
	Telephone: Relationship:			
	Name: Address:			
	Telephone: Relationship:			

References Checked Rv	Date:
References Checked By: Interview Performed By:	Date: Date:
Application Recommended By:	
Management	Date:
Membership Committee Chair:	Date:
Approved by the Board of Directors at a me	eting of the Board held on:
(Signing Officer)	Date:
PLEASE RETURN THIS COMPLETED AP. MANAGEMENT O.	
C/O MURDOCH M 757 HENDERS WINNIPEG R2F	T HOUSING CORPORATION IANAGEMENT INC. SON HIGHWAY , MANITOBA K 2K7 00 FAX: 669-4509
Note: We will contact you if a suitable	
	ontact information (i.e. change of address).