WINNIPEG RIVER LIONS MANOR INC.

Application for **RENT-GEARED-TO-INCOME ONLY**

(LIFE LEASE residents should not fill out this application)

27 Laura Street

Powerview, Manitoba

	, Powerview, to my/our elig	Manitoba. I/W	/e understar	, hereby make an anor Inc. Housing Project and that acceptance into this a Board of Directors and the
I/We understand that there	e is a requirer	ment for a Dar	mage Depos	sit.
A CERTIFIED COPY of th suite is required to be sub				ALL potential occupants of the ation.
I/We agree to complete th comply with the Corporation				
By signing this application documents from any source				ecuring of any information, or assess My/Our eligibility.
Signature of Applicant:				Date:
Signature of Co-Applicar	ıt:			Date:
Answering all of these que eligibility for housing. All in				sist us in determining your f confidence.
Applicant Name:			S.I.N.#	
Date of Birth: Home			Home Phone:	
		Work Ph	none:	
Apt/St No.	Street Name:			
City Province:				Post Code:

Co-Applicant Name:		Co-Applicant S.I.N.#		
Date of Birth:		Home Phone:		
		Work Phone:		
Apt/St No.	Street Name:			
City	Province:			Post Code:

PREVIOUS LANDLORD

1) How long have you resided at the above address?	2) Are you Canadian Citizen? Yes or No
3) What is your current Rent/Month:	4) If you are a renter, what is your CURRENT Landlord/Agent's Phone:
5) and your CURRENT Landlord/Agent's Address:	6) What was your PREVIOUS Address:

HOUSEHOLD AND DEPENDENTS

Please list all of the people in your household who will reside with you.

(PLEASE PRINT).

Surname Given Name Relationship to applicant Date of Birth

ACCOMMODATION REQUIRED.

1 Bedroom	2 Bedrooms
	(not available for subsidized renters)
Parking Required Yes or No	Number of Stalls
Vehicle Make	Year
Desired Date of Occupancy	

FINANCIAL INFORMATION:

Employed Yes/No		Full Time	
		Part Time	
Employer Name_			
Retired Yes/No	Other (P	Please specify)	
Gross Household Annual Income fi	rom all so	ources before deductions	
(Including all household members'	income):	\$/Year (Before Deductions)	
Sources of income (annual): (Circle	Applica	ble Sources)	
A. Employment		B. Unemployment Insurance	
(Including self-employment)			
C. Workers Compensation		D. Provincial Social Allowance	
E. Municipal Social Assistance		F. Student Assistance/Allowance	
G. Maintenance/Alimony Payments		H. Old Age Security	
I. Guaranteed Income Supplement (GIS)		J. 55 Plus	
K. Canada Pension Plan		L. Veteran Allowance and	
		Income Supplement	

M. Private Retirement Pension	N. Interest Income From Savings,
	Investments, Canada Savings Bonds
O. Other	
If receiving social assistance:	
Worker's Name	Worker's Phone
Contact Revenue Canad	la @ 983-6530 to obtain a
CERTIFIED COPY OF YO	UR INCOME TAX RETURN
If employed, you are required to suppl	y your last three months payroll stubs.
REFERENCES (Please list two)	
(1) Name:	Address:
(1) Telephone:	Relationship:
(2) Name:	Address:
(2) Telephone:	Relationship:
OTHER INFORMATION PERTINENT TO T	HIS APPLICATION (I.E. Special Needs)

FOR OFFICE USE ONLY

References Checked By:	Date:	
Interview Performed By:	Date:	
Application Recommended By:		
Management:	Date:	
Membership Committee Chair:	Date:	
Approved by the Board of Directors at a meeting of the Board held on:		
(Signing Officer)	Date:	

Please Return This Completed Application To Our Property Management Office by E-Mail to: info@lifelease.ca or Canada Post to:

WINNIPEG RIVER LIONS MANOR INC.

C/O MURDOCH MANAGEMENT INC.

757 HENDERSON HIGHWAY

WINNIPEG, MANITOBA

R2K 2K7

PLEASE CALL 982-2000 IF YOU HAVE ANY QUESTIONS - THANK-YOU