



East Borderland Community Housing Inc.

CONFIDENTIAL APPLICATION FOR TENANCY

C/O MURDOCH MANAGEMENT INC. 757 Henderson Highway, Winnipeg, Manitoba, Canada, R2K 2K7
Tel 204-982-2000 Fax 204-669-4509 Toll free 1-800-543-6118

The following information is required from all applicants to determine the 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 Personal Information Protection and Electronic Documents Act. If you have any questions contact the Property Management office at (204) 982-2000 or (1-800-543-6118 toll free).

PLEASE PRINT

INFORMATION ABOUT YOU:

Full Name: _____
First Name Middle Name Last Name

Mailing Address: _____ Postal Code: _____

Phone: (home) _____ (work) _____ (cell) _____

Alternate Contact: (If you move/cannot be reached): _____

Phone: _____ Relationship to You: _____

Social Insurance Number: _____

(to obtain credit report and to obtain new address after move-out if not provided)

Date Of Birth (month-day-year): _____

(One household occupant must be at least 55 years of age, or provide a physician's note advising that due to your medical condition your doctor recommends you to live in this 55 plus complex)

Check one: Canadian Citizen : _____ Landed Immigrant: _____ Visa: _____

INFORMATION ABOUT THE PERSON WHO WILL LIVE WITH YOU (If applicable):

No one will live with me (check if this applies): _____

Full Name: _____
First Name Middle Name Last Name

Address: _____ Postal Code: _____

Relationship to You (wife/husband, care worker etc.): _____

Social Insurance Number: _____

(to obtain credit report and to obtain new address after move-out if not provided)

Date Of Birth (month-day-year): _____

Canadian Citizen: _____ Landed Immigrant: _____ Refugee or Visa: _____

CURRENT ADDRESS:

Address: _____ City: _____ Prov: _____

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

Why are you leaving? _____

Landlord's Name, Address and Telephone Number: _____

PREVIOUS ADDRESS:

Address: _____ City: _____ Prov: _____

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

Why are you leaving? _____

Landlord's Name, Address and Telephone Number: _____

BEDROOM TYPE REQUIREMENT:

_____ One bedroom _____ Two bedroom _____ Either One or Two Bedroom

FINANCIAL INFORMATION:

Please report the total gross income (income before tax deductions) of ALL members of your household who will be living in the new apartment. 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 Amount</u>	<u>Source</u>
Person 1	_____			
Person 2	_____			

Typical Sources of Income are:

<i>Employment income</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>

You must attach to this application a certified copy of the most recent income tax report called an (Option C Printout) for each household member intending to live in this new apartment. This report is available free to you - by calling Revenue Canada (1-800-959-8281).

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 my lease. I/We undertake to create and maintain a safe, secure environment in the premises. 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 do solemnly declare that throughout the term of my/our lease at East Borderland Community Housing Inc. I/we will not have a principal place of residence elsewhere in Canada. I/We agree to provide a minimum of 1 full calendar month's notice in writing in advance of vacating my/our unit. Failure to provide adequate notice will result in being charged for a minimum of 1 month's rent to cover the time that the unit is vacant.

I/We declare that all the information in this application is correct and hereby authorize the Landlord and/or its Agent to verify any or all of the information contained herein.

DATE:

SIGNATURE:

Applicant Name (Print)

Applicant signature

Co-Applicant Name (Print)

Co-Applicant signature