



CENTRE VILLAGE

Murdoch Management - 757 Henderson Highway, Winnipeg, Manitoba R2K 2K7.
Tel 982.2000 Fax 669.4509 www.lifelease.ca

CONFIDENTIAL APPLICATION FOR TENANCY

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

No Smoking Allowed

1. INFORMATION ABOUT YOU (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): _____

CANADIAN CITIZEN: _____ LANDED IMMIGRANT _____ VISA _____ REFUGEE: _____

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

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 _____ VISA _____ REFUGEE _____
RELATIONSHIP TO YOU (wife/husband, care worker etc.): _____

3. APPLICANT CURRENT ADDRESS:

Address: _____ City: _____ Prov: _____
How long did you live there? _____ How much rent did you pay? _____
Why did you leave ? _____
Landlord's Name, Address and Telephone Number: _____

4. APPLICANT PREVIOUS ADDRESS:

Address: _____ City: _____ Prov: _____
How long did you live there ? _____ How much rent did you pay? _____
Why did you leave ? _____
Landlord's Name, Address and Telephone Number: _____

5. HOUSEHOLD FINANCIAL INFORMATION:

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 Amount</u>	<u>Source</u>
Person 1	_____			
Person 2	_____			
Person 3	_____			
Person 4	_____			
Person 5	_____			
Person 6	_____			

Typical Sources of Income are:

Employment Resettlement Assistance Employment & Income Assistance Self-Employment
Employment Insurance Pensions Band Assistance
Interest from Investments Canada Student Loans Insurance Settlement

CANADIAN RESIDENTS: All household members are required to submit documentation of their current income as recorded above, as well as a certified copy of the most recent income tax report (Option C Printout) obtainable by you, free from Revenue Canada (1-800-959-8281), with this application, and 3 prior months of pay stubs, and/or EIA Budget letter.

REFUGEE/IMMIGRANTS: All household members are required to submit documentation of their current income. This may include Resettlement Assistance Program Allowance, IMM 1000 or IMM 5292, and/or Permanent Residents Card, and or EIA Budget Letter.

6. HOUSEHOLD MAKE UP INFORMATION:

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>Male/Female</u>	<u>Age (yrs)</u>
Person 1	_____			
Person 2	_____			
Person 3	_____			
Person 4	_____			
Person 5	_____			
Person 6	_____			

7. 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 the lease. 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 agree to provide a minimum of 1 full calendar months notice in writing in advance of vacating my/our unit. Failure to provide adequate notice will result in being charged for 1 months 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

RESIDENCE HISTORY
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
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.

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