FORT GARRY KIWANIS PLAZA

C/O 757 HENDERSON HWY WINNIPEG, MB R2K 2K7 PH 982-2000 FAX 669-4509

CONFIDENTIAL APPLICATION FOR MEMBERSHIP & OCCUPANCY

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

1. INFORMATION ABOUT YOU (The Applicant):

FULL NAME:							
FULL NAME:First Name		Last Name					
ADDRESS:	POSTAL CODE:						
PHONE :	(residenc	e)	(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):							
CITIZENSHIP: Canadian Citizen	: Lande	d Immigrant:	_ Other:				
2. INFORMATION ABOUT WHO WIND ONE WILL LIVE WITH ME (che	eck if this applie	s):					
Co-applicant FULL NAME:	ame M	/liddle Name	Last Name				
Co-applicant ADDRESS:		POSTAL CODE:					
Co-applicant PHONE:	(res	dence)	(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 (mo	nth-day-year):						
Co-applicant CANADIAN CITIZEN	: LAND	ED IMMIGRANT:	OTHER:				
RELATIONSHIP TO YOU (spouse	, child, sibling, car	e worker etc.):					
REQUESTING:Bachelor	1 Bedroc	m					
3. CURRENT ADDRESS – FOR RE	NTAL REFEREN	CE:					
Address:	City/Prov:	F	ostal Code:				
How long have you lived there?	I	How much rent did	I you pay?				
Landlord's Name, Address and Te	elephone Number						

4.	PREVIOUS ADDRESS – FOR RENTAL REFERENCE:							
	Address:	_ City/	Prov:	Pos	tal Code:			
	How long did you live there?		_How much rent di	d you pay?				
	Why did you leave ?							
	Landlord's Name, Address and Tele	phone	Number:					
5. HOUSEHOLD and FINANCIAL INFORMATION (For Rent Supplement Recipients O								
	Please report the total gross how members of your household who wi one source, please list each source	ll be liv	ing in the unit. If y	ou receive	income from r	nore than		
	First Name Last Na	<u>me</u>	Monthly Income	Source	Age(years)	Gender		
	Person 1							
	Person 2							
	Person 3							
	Typical Sources of Income are:							
		Employment & Income Assistance		ance	Self-Employment Band Assistance Insurance Settlement			
	Interest from Investments							
6.	PARKING:							
	Do you require parking?(y	/es)	(no)					
	Vehicle Information (#1):							
	Make/Model:	-	Year: Colour:		_			
	License #:	-	Colour		_			
7.	EMERGENCY ASSISTANCE (Option	onal) :						
	Do you require assistance in case of	of an e	mergency?	(yes)		_ (no)		
	If yes, please explain the help you	would r	need to get from yo	our suite to	outside the b	uilding:		

8. **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 Membership. 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 do solemnly declare that throughout the term of my/our lease at Fort Garry Kiwanis Plaza I/we will not have a principal place of residence elsewhere in Canada.

I/We understand that 970 Point Rd. and the surrounding property are animal and smoke-free.

I/We declare that all the information in this application is correct and hereby authorize the Corporation and/or its Agent to verify any or all of the information contained herein. Please see our policy on Protection of Personal Documents and Information attached.								
I/We understand that Fort Garry Kiwanis Plaza has a no-smoking policy within the building that I will abide by as covered in the rules and procedures.								
SIGNATURE:								
Date	Applicant Name (Print)	Applicant signature						
Date	Co-Applicant Name (Print)	Co-Applicant signature						



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	



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MURDOCH MANAGEMENT PRIVACY POLICY STATEMENT

OUR COMMITTMENT

Our organization is committed to protecting the privacy of the personal information of its employees and clients. We value the trust of those we deal with and of the public, and recognize that maintaining this trust requires that we be transparent and accountable in how we treat the information that is shared with us.

During the course of our day to day business, we gather and use personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of this information is subject to consent. Our privacy policies and procedures are designed to achieve this.

DEFINING PERSONAL INFORMATION

Personal information is any information that can be used to identify a specific individual. This information can include an individual's beliefs or opinions, as well as facts about, or related to, the individual.

PRIVACY PRACTICES

Personal information gathered by our organization is kept in confidence. Our personnel are authorized to access personal information based only on their need to deal with the information for the reason(s) for which it was obtained. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered.

WEBSITE AND ELECTRONIC INFORMATION

Murdoch Management has no confidential information or tenant information stored on any website. Electronic personal information is password protected.

UPDATING OF PRIVACY POLICY

We regularly review our privacy practices for our various activities and update our policy accordingly.

CONTACT INFORMATION

Questions or concerns relating to Murdoch Management's privacy policy regarding the treatment of personal information should be mailed to our office at 757 Henderson Highway, Winnipeg, Manitoba, R2K 2K7. Attention: Privacy Officer