

MERCHANTS CORNER HOUSING

APPLICATION REQUIREMENTS – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

ELIGIBILITY CRITERIA

Applicants must meet one of the following criteria to be considered:

1. Currently enrolled in or accepted at an educational institute or training program in the North End of Winnipeg.
2. Currently living in the North End and accessing support services in the area.
3. Referred from Child and Family Services as a youth aging out of care.
4. Students from other Educational Institutes in need of affordable housing.

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REQUIRED DOCUMENTS FOR APPLICATION:

- Prior tax year **Option C** from Revenue Canada (1-800-959-8281 or online)
- Photo identification – all adults
- Proof of income – current pay stubs, EIA budget letter, student loans or income verification if provided by another source
- Confirmation of enrollment for students or letter of referral from the organization the applicant is working with

NEW CANADIANS:

- Applicant not holding Canadian citizenship must provide a IMM1000, IMM5292 or IMM1442 for each member of the family

Once your application is approved it will be placed on a waiting list. Should any of your information change, it is your responsibility to notify WHRC (i.e.: change of address, phone number, etc.).

Once a suite becomes available, you will be contacted to view.

Full security deposit (1/2 of market rent) is required to hold suite after viewing and accepting.

Lease signing will be confirmed with your Property Manager prior to move in.

IMPORTANT INFORMATION:

Approved applications will be kept on file for 6 months. APPLICANTS are required to contact Winnipeg Housing prior to the end of the 6th month reconfirming their need for housing. Failure to contact Winnipeg Housing will result in the cancelation of the application and removal from the waiting list.

WINNIPEG HOUSING REHABILITATION CORPORATION

104-60 Frances Street, Winnipeg, Manitoba R3A 1B5 Phone: 204-949-2880

MERCHANTS CORNER - APPLICATION FOR HOUSING (Please print)

APPLICANT: _____
(First name) (Middle initial) (Last name)

Social Insurance #: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current Address: _____ Rent Own

City/Town: _____ Province: _____ Postal Code: _____

Name of Landlord: _____ Phone Number: _____

Employment Status: Employed E.I.A. Pension Other: _____

Employer: _____ Employer Phone: _____

Are you a Canadian Citizen? Yes or No

Marital Status: Married Common Law Single Widow(er) Divorced

SPOUSE/CO-APPLICANT (Please complete the following)

Spouse/co-applicant: _____
(First name) (Middle initial) (Last name)

Social Insurance #: _____ Date of Birth: _____

Employment Status: Employed E.I.A. Pension Other: _____

Employer: _____ Employer Phone: _____

DECLARATION OF GROSS MONTHLY INCOME

Attach all supporting documents for each income earner and source of income.

DATE **APPLICANT** **CO-APPLICANT/SPOUSE**

FAMILY INFORMATION

List all persons who will be living in the household.

NAME	BIRTHDATE	GENDER M/F	RELATIONSHIP

Does anyone in your household require wheelchair accessible housing? Yes No

NEXT OF KIN (In case of emergency)

1) Name: _____ Relationship: _____

Address: _____ Phone: _____

2) Name: _____ Relationship: _____

Address: _____ Phone: _____

LANDLORD INFORMATION

Previous Address: _____ Length of tenancy: _____

Name of landlord: _____ Phone Number: _____

If less than 5 years at above address:

Previous Address: _____ Length of tenancy: _____

Name of landlord: _____ Phone Number: _____

Which of the following **are currently included** in your rent?

Heat Hydro Water Fridge Stove Parking Furniture Other: _____

EMPLOYMENT & INCOME ASSISTANCE BENEFITS

Worker's Name: _____ Office Location: _____

Worker's Phone Number: _____ Worker's Email: _____

Case Number: _____

AUTHORIZATION AND DECLARATION

I/we understand this application does not constitute an agreement on the part of Winnipeg Housing Rehabilitation Corporation or its agent to provide me/us with rental accommodation.

I/we acknowledge this application becomes the property of Winnipeg Housing Rehabilitation Corporation upon delivery by me/us to it or its agent.

I/we further acknowledge the right of Winnipeg Housing Rehabilitation Corporation or its agent at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I/we certify the information given in this application is true, correct, and complete in every respect fully disclosing my/our income from all sources. False information will result in this application being declined or will terminate your tenancy once you move in based on false information.

Personal information is collected by Winnipeg Housing Rehabilitation Corporation and will be used to establish eligibility for rental housing. It is protected under The Personal Information protection and Electronic documents act (PIPEDA).

I/we hereby authorize Winnipeg Housing Rehabilitation Corporation to conduct a personal investigation including past and present landlord reference checks.

Applicant name: _____ Applicant signature: _____

Co-Applicant name: _____ Co-Applicant/Spouse: _____

Date: _____

TRANS UNION OF CANADA INC. - Consumer Relations Information Form (Please print)

Name: _____
(First name) (Middle initial) (Last name)

Date of Birth: _____ Social Insurance #: _____

Current Address: _____ Telephone #: _____

City/Town: _____ Province: _____ Postal Code: _____

How Long At This Address: Years: _____ Months: _____

Previous Address: _____ How Long At This Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Spouse/Common-law Name: _____
(First name) (Middle initial) (Last name)

Date of Birth: _____ Social Insurance #: _____

Current Address: _____ Telephone #: _____

City/Town: _____ Province: _____ Postal Code: _____

Have you ever been refused credit: Yes No If Yes, Please List: _____

Name of Company: _____ Contact: _____

Telephone #: _____ Fax #: _____

I am the person (s) named above and I understand I could be prosecuted under federal or provincial legislation for obtaining information from a consumer reporting agency by fraudulent means or under false pretences.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

For Office Use Only

Operator: _____ **Code:** _____ **Date:** _____



WINNIPEG HOUSING REHABILITATION CORPORATION

A Non-Profit Charitable Corporation

REQUEST FOR LANDLORD RENTAL REFERENCE

ATTENTION: _____ COMPANY: _____
FAX / EMAIL: _____ DATE: _____

Applicant's name: _____ Address: _____
Move-in date: _____ Move-out date: _____
Number of lease holders: _____ Number of occupants: _____
Rent amount & utilities included: _____

	YES	NO
Has the tenant paid the rent in full and on time each month?		
If no to the above, has the rent been paid late frequently?		
Does the tenant owe any outstanding arrears?		
Have there been histories of NSF cheques? If yes, how often?		
Have there been histories of nuisance & disturbance issues?		
If yes to the above, has there been any police involvement?		
Has the tenant ever been served a Notice of Termination? If yes, how many?		
Did the tenant give proper notice to vacate?		
Was the suite left in satisfactory condition after the tenant vacated?		
Does the tenant have any pets that you're aware of?		
Has the tenant's suite ever been treated for bed bugs?		
If yes to the above, did the tenant comply with instructions prepping for treatment?		
Would you rent to this tenant again?		

Additional comments:

Reference completed by: _____ Position: _____

PROTECTION OF PRIVACY: Your family's personal information is collected by WHRC and will be used to determine your household's eligibility for tenancy, to administer tenant agreements and to prevent and detect fraud. Your information is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

The undersigned consents to the disclosure of any personal information that may be required for the purpose of determining or verifying eligibility for tenancy as well as any future collection requirements. I / We authorize any person, agency, organization or financial institution to release or exchange information for these purposes. I / We understand this consent includes requests pertaining to employment, income, liabilities, resources, family status and my standing with current or previous landlords.

I / WE HEREBY AUTHORIZE YOU TO CONDUCT A PERSONAL INVESTIGATION ON THE APPLICANTS HEREIN

Applicant's Signature: _____ Applicant's Signature: _____

Date: _____ Date: _____