

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 on Selkirk Avenue.
2. Aged 16-24 currently living in the North End and accessing support services in the area. Please note: If you are under the age of 18 you will require a co-signer on your lease.
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.
5. Approved applications on waiting list according to date of approval.

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REQUIRED DOCUMENTS FOR APPLICATION:

- Prior tax year **Option C** - Revenue Canada 1-800-959-8281
- Photo identification – all adults
- Proof of income – current pay stubs, pension statement or 2 bank statements, EIA budget letter
- Confirmation of Enrollment in Education Institution – provide registration receipt and time table
- \$22.00 for a credit history report.

To obtain your own send 2 pieces of identification by mail or fax to:

Trans Union of Canada Inc.
201 – 709 Main Street W.
P.O. Box 38, LCD 1

Fax: 1-905-527-0401

NEW CANADIANS:

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

Once application is approved your application will be put on a waiting list. Should any of your information change, it is your responsibility to notify WHRC with any changes, for example: change of address, phone number etc.

When an apartment becomes available, you will be contacted to view within 2 days.

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

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

MERCHANTS CORNER - APPLICATION FOR HOUSING

(Please print)

APPLICANT: _____
(first name) (initial) (last name)

Social Insurance #: _____ Date of Birth: _____

Phone Res. _____ Cell Phone: _____ Work Phone _____

Current Address _____ Rent _____ Own _____

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

Name of Landlord: _____ Phone Number: _____

Employment Status: Employed _____ E.I. _____ EIA _____ Pension _____

Employer: _____

Are you a Canadian Citizen? _____ YES _____ NO

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

(Spouse/co-applicant please complete the following)

Spouse/co-applicant: _____
(first name) (initial) (last name)

Social Insurance # _____ Date of Birth: _____

Employment Status: Employed _____ E.I. _____ EIA _____ Pension _____

Employer: _____

DECLARATION OF GROSS MONTHLY INCOME

ATTACH ALL SUPPORTING DOCUMENTS FOR EACH INCOME EARNER AND SOURCE OF INCOME.

DATE

APPLICANT

CO-APPLICANT/SPOUSE

Indicate by "YES" or "NO" which of the following **are included** in your rent:

Heat ____ Hydro ____ Water ____ Fridge ____ Stove ____ Parking ____ Furniture ____

Other _____ Do you require accessible housing? ____ YES ____ NO

APPLICANT Receiving Employment & Income Assistance Benefits

Worker's Name _____ Office Location _____

Worker's Phone Number _____ Worker's Email _____

Case Number _____

FAMILY INFORMATION

List all persons who will be living in the household.

NAME	BIRTHDATE	GENDER M/F	RELATIONSHIP

Next of Kin: (in case of emergency)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

LANDLORD INFORMATION:

APPLICANT:

Previous Address: _____

Name of landlord: _____ Phone Number: _____

Length of tenancy: _____

If less than 5 years at above address

Previous Address: _____

Name of Landlord: _____

Move in date: _____ Move out date: _____

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

TO ENABLE OUR CONSULTANTS TO ID YOUR FILE PLEASE COMPLETE THIS FORM IN FULL.
PLEASE PRINT

NAME: _____
FIRST MIDDLE LAST

NAME OF SPOUSE: _____ TELEPHONE #: _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____

CURRENT ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOW LONG AT THIS ADDRESS?: _____ YEARS: _____ MONTHS: _____

PREVIOUS ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOW LONG AT THIS ADDRESS: _____

PRESENT/PREVIOUS EMPLOYER: _____

LEMGTH OF EMPLOYMENT: _____

WERE YOU REFUSED CREDIT AT ANY TIME: YES _____ NO _____

IF YES, PLEASE LIST: _____

NAME OF COMPANY: _____

CONTACT: _____

TELEPHONE #: _____ FAX #: _____

I AM THE PERSON 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.

SIGNED: _____ DATE: _____

FOR OFFICE USE ONLY

OPERATOR: _____ CODE: _____ DATE: _____

REGULAR: _____ RUSH: _____ TIME: _____

ID 1: _____ ID 2: _____



WINNIPEG HOUSING REHABILITATION CORPORATION

A Non-Profit Charitable Corporation
 60 Frances Street, Winnipeg, Manitoba R3A 1B5
 Phone: (204) 949-2880 Fax: (204) 947-9183

F A C S I M I L E

Date

To

Fax #

From

Re: Request for Landlord Rental Reference

WHRC has included the Consent Form from the applicant for release of information in order to process an application for tenancy. Thank you for your prompt response.

Applicant's Name _____ Ph.# _____

Address of Tenancy _____

Length of Tenancy: From date _____ to date _____ Expiry Date _____

		YES	NO
Is the Rent paid in full and on time each month ?	Rent Amount-\$ _____		
Is there any outstanding balance ?			
Is there any history of NSF cheques?	If so, how often? _____		
Have there been any nuisance/disturbance issues?	How many? _____		
Has there been any police involvement?			
Do they have any pets?			
What is the condition of the suite?	Good _____ Fair _____ Poor _____		
Did tenant give proper notice to vacate?			
Was tenant ever served a Notice of Termination?	What for? _____		
How many people are on lease?	#of occupants? _____		
Would you rent to this tenant again?			
Has their suite been treated for Bed Bugs?			
Did the tenant comply with Instructions prepping for Bed Bug Treatment?			

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. It is protected under The Freedom of Information and Protection of Privacy Act (FIPPA).

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

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

Date: _____

Date: _____

Applicant's Signature

Applicant's Signature

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