



# **WINNIPEG HOUSING REHABILITATION CORPORATION**

*A Non-Profit Charitable Corporation*

## **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

### **Required documentation:**

**Option C – Proof of Income Statement** from Revenue Canada.

To request a copy, please call 1-800-959-8281  
Also available online at:

<https://www.cra-arc.gc.ca/>

Assistance is also available at any Service Canada Center

### **Proof of Income**

Two (2) consecutive current paystubs, Two (2) bank statements, E.I.A budget letter, E.I statement, Pension/OAS benefit letter, Disability benefit letter, WCB letter, Veterans Affairs benefit letter, Band Council benefit letter

### **EIA Recipients**

If you are unable to provide your recent Option C, please provide a \*recent budget letter.

\*dated within 3 months of the application date

### **One piece of photo ID**

ALL applicants over the age of 18 must provide one (1) piece of photo ID.

Any applicants not holding Canadian Citizenship must provide one of the following for each member of the family:

- IMM1000
- IMM5292
- IMM1442

### **OFFICE USE:**

Does the applicant qualify for a 55+ building?

YES \_\_\_\_\_ NO \_\_\_\_\_

Once approved, your application will be placed onto the WHRC waiting list.

Should any of your information change, such as a change in phone number, it is your responsibility to notify WHRC.

When an apartment becomes available, you will be contacted to view – within two (2) business days.

Full security deposit (half market rent) is required to hold a suite after viewing and accepting the suite.

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

**Please return completed applications with ALL required documentation in person to:**

Winnipeg Housing Rehabilitation Corporation  
104-60 Frances Street  
Winnipeg, MB R3A 1B5

### **IMPORTANT INFORMATION:**

Approved applications will be kept on file for SIX (6) MONTHS. APPLICANTS are required to contact WHRC prior to the end of the six month period to reconfirm their need for housing. Failure to do so will result in the cancellation of your application and removal from the waitlist.

**WHRC reserves the right to request additional documentation such as your Option C if required.**

Building Preference (if any): \_\_\_\_\_

Neighbourhood Preference (if any): \_\_\_\_\_

Do you require accessible housing? YES \_\_\_\_\_ NO \_\_\_\_\_



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## **APPLICATION FOR HOUSING**

Please Print

APPLICANT: \_\_\_\_\_  
(first name) (initial) (last name)

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Landlord Name and Phone Number: \_\_\_\_\_

Employment Status: Employed: \_\_\_\_\_ E.I: \_\_\_\_\_ EIA: \_\_\_\_\_ Pension: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you a Canadian Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you require a parking stall - if available? YES \_\_\_\_\_ NO \_\_\_\_\_

\*Please note, parking is not available at every property

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

Spouse/Co-Applicant: \_\_\_\_\_  
(first name) (initial) (last name)

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment Status: Employed: \_\_\_\_\_ E.I: \_\_\_\_\_ EIA: \_\_\_\_\_ Pension: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Please indicate YES or NO to which of the following are included in your **current** rent:

Heat \_\_\_\_\_ Hydro \_\_\_\_\_ Water \_\_\_\_\_ Fridge \_\_\_\_\_ Stove \_\_\_\_\_ Parking \_\_\_\_\_ Furniture \_\_\_\_\_



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## **Applicant receiving Employment & Income Assistance Benefits:**

Worker's name \_ Office Location \_

Worker's Phone Number \_ Worker's Email \_

Case Number \_\_\_\_\_

## **Family Information**

Please list ALL people who will be living in the home:

NAME	BIRTHDATE	GENDER	RELATIONSHIP

## **Next of Kin – in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



# **WINNIPEG HOUSING REHABILITATION CORPORATION**

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## **Landlord Information:**

Current Address \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone number \_\_\_\_\_

Length of tenancy \_\_\_\_\_

## **If less than 5 years at above address**

Previous Address \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone number \_\_\_\_\_

Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

## **AUTHORIZATION AND DELARATION**

I/We understand this application does not constitute an agreement on the part of Winnipeg Housing Rehabilitation Corporation, or its agents to provide me/us with rental accommodations.

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/us of a lease hereby applied for, to withdraw, revoke or cancel without penalty or liability for damaged or otherwise, any acceptance or approval of this application previously made or given.

I/We certify the information given in this application to 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
SPOUSE/CO-APPLICANT



# **WINNIPEG HOUSING REHABILITATION CORPORATION**

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## **SELF-DECLARATION - Optional**

Winnipeg Housing collects this information to assist with planning for housing needs, and reflects the diversity of the population we serve. This information is not used to determine your eligibility for housing.

### **MAIN APPLICANT**

1. Are you a newcomer to Canada (within the last 10 years)? YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. If yes, when did you arrive? \_\_\_\_\_  
(MM/YYYY)
2. Do you consider yourself to be a visible minority? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you consider yourself to be of Indigenous Ancestry? YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. If yes, which group do you identify with?  
First Nations \_\_ Inuit \_\_\_\_\_ Metis \_\_\_\_\_  
On Reserve \_\_\_\_\_  
Off Reserve \_\_\_\_\_
4. Highest level of education \_\_\_\_\_

### **SPOUSE/CO-APPLICANT**

1. Are you a newcomer to Canada (within the last 10 years)? YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. If yes, when did you arrive? \_\_\_\_\_  
(MM/YYYY)
2. Do you consider yourself to be a visible minority? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you consider yourself to be of Indigenous Ancestry? YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. If yes, which group do you identify with?  
First Nations \_\_ Inuit \_\_\_\_\_ Metis \_\_\_\_\_  
On Reserve \_\_\_\_\_  
Off Reserve \_\_\_\_\_
4. Highest level of education \_\_\_\_\_



**WINNIPEG HOUSING REHABILITATION CORPORATION**

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**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 name) (initial) (last name)

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Current Address: \_\_\_\_\_ Apartment Number \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apartment Number \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Present/Previous Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Were you refused credit at any time? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list:

Name of Company: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**I am the person listed 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.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED

**OFFICE USE ONLY**

Operator: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_

Regulator: \_\_\_\_\_ Rush: \_\_\_\_\_ Time: \_\_\_\_\_



**WINNIPEG HOUSING REHABILITATION CORPORATION**

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**TRANS UNION OF CANADA INC**

**CONSUMER RELATIONS – INFORMATION FORM**

\*\*A second form is only required if there is a second applicant. \*\*

**To enable our consultants to ID your file, please complete this form in full.**

Name: \_\_\_\_\_  
(first name) (initial) (last name)

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Current Address: \_\_\_\_\_ Apartment Number \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apartment Number \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Present/Previous Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Were you refused credit at any time? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list:

Name of Company: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**I am the person listed 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.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED

**OFFICE USE ONLY**

Operator: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_

Regulator: \_\_\_\_\_ Rush: \_\_\_\_\_ Time: \_\_\_\_\_



# WINNIPEG HOUSING REHABILITATION CORPORATION

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## REQUEST FOR LANDLORD RENTAL REFERENCE

To be completed by WHRC staff

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, has the rent been late frequently?		
Does the tenant owe any outstanding arrears?		
Have there been NFS cheques? If yes, how often?		
Is there a history of nuisance & disturbance issues?		
If yes, 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 unit left in satisfactory condition after the tenant vacated?		
Does the tenant have any pets that you are aware of?		
Has the tenant's unit ever been treated for bed bugs?		
If yes, did the tenant comply with treatment preparation instructions?		
<b>Would you rent to this tenant again?</b>		

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 tenancy 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
SPOUSE/CO-APPLICANT





# **WINNIPEG HOUSING REHABILITATION CORPORATION**

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## **APPLICATION CHECKLIST**

Before handing in this application, please make sure ALL documents are attached:

All applicable pages signed:

\_\_\_\_\_

Proof of income (pay stubs, EIA budget letter, etc.):

\_\_\_\_\_

Option C / Tax Assessment for Current Year:

\_\_\_\_\_

Photo Identification:

\_\_\_\_\_

### **PLEASE NOTE:**

**We must receive ALL of the above documents for every member of the household over the age of 18.**