



# Housing Application Form

**Eden Health Care Services** is a mental health organization whose purpose is to provide recovery based services for individuals and families who live with mental illness. Quality, secure and affordable housing is fundamental to mental health recovery.

**Eden** owns and manages three apartment buildings in Steinbach. Each building has been obtained with the assistance of government funding and most suites are rent subsidized by MHRC for individuals unable to afford full market rents. Rent for subsidized suites is dependent entirely on personal income.

**Penfeld Court** has 1 and 2 bedroom suites. Fourteen of the 24 suites are rent subsidized and rent is based on personal income. The remaining 10 suites are rented at market rental rates (one-bedroom suite is \$545, two-bedroom suite is \$683).

**Wilson Courts (East and West)** have 16 bachelor suites and 8 one-bedroom suites. All 24 suites are rent subsidized. Rent is based on personal income.

***Note:** Eden has a No Pets Policy and a No Smoking Policy in all buildings.  
Failure to comply with these policies will lead to eviction.*

***Note:** Parking is in addition to rent - \$25.00/month for each vehicle.*

**Please answer the following questions:**      **Date** \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name of Co-Applicant (non-dependent) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Which type of unit are you applying for?    \_\_\_Regular Rent            \_\_\_Rent Subsidized

What size of unit are you applying for?    \_\_\_Bachelor    \_\_\_One Bedroom    \_\_\_Two Bedroom

Do you prefer a particular building or location? \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code : \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you a Canadian Citizen?    Yes    No

If no, please explain your immigration status \_\_\_\_\_

Please list all dependants who will be sharing the accommodation with you.

Name	Age	Gender	Relationship

**Disabilities and Health Problems**

Please list below any member of your household with a significant disability/health problem (mental or physical) of which Eden East needs to be aware:

Name	Disability/health problem

Do you or anyone in your household smoke? Yes No

**All Eden Housing is strictly non-smoking. Pets are not allowed.**

**Present Housing Situation**

Do you currently: Rent Own Live with family/friends

How many bedrooms in your present accommodation? \_\_\_\_\_

How long at your current address? \_\_\_\_\_

How much do you pay each month for:

Mortgage .....	\$	_____
Rent.....	\$	_____
Taxes.....	\$	_____
Utilities.....	\$	_____
<b>Total Monthly Housing Cost</b>	<b>\$</b>	<b>_____</b>

Name of present Landlord: \_\_\_\_\_ Ph. No. \_\_\_\_\_

May we contact your Landlord? Yes No

**Your present accommodation can be best described as:**

- |   |  |
|---|--|
| <input type="checkbox"/> Single family house    | <input type="checkbox"/> Duplex                |
| <input type="checkbox"/> Apartment              | <input type="checkbox"/> Townhouse/row housing |
| <input type="checkbox"/> Rooming house/hotel    | <input type="checkbox"/> Mobile home           |
| <input type="checkbox"/> Other (describe) _____ |  |

**Housing Requirements**

Are you prepared to move as soon as a suite becomes available? Yes No

If no, how many months would you need? \_\_\_\_\_

Reason for wanting to move \_\_\_\_\_

From what agencies are you currently receiving services? \_\_\_\_\_

How many people will occupy your suite? One Two Three Four

Will you require parking? Yes No If yes, how many vehicles? \_\_\_\_\_

**Income Information**

List your **Monthly and Annual GROSS HOUSEHOLD INCOME** from all sources, before deductions (CPP, EI, income tax, etc.). Include income from employment, income assistance, pension, income from interest and investments:

Gross Monthly Income \$ \_\_\_\_\_ Gross Annual Income \$ \_\_\_\_\_

**What are your sources of income?**

- Salary or Wages
- Self Employment
- Unemployment Insurance
- Interest/Investment
- Income Assistance
- Pension Income
- Old Age Security/GIS
- Other

**As most units in Eden Housing receive government assistance, we are required to confirm your annual household income. Please attach a photocopy of your most recent Notice of Assessment sent to you by Revenue Canada. For two income households, please attach copies of assessment notices for both income earners.**

**Rental References** (Please provide the names and phone numbers of 2 non-family references, preferably former landlords.)

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Additional Comments \_\_\_\_\_

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I declare that the above information is correct and accurate to the best of my knowledge.	
<i>Please note that submission of this Application Form does not in any way obligate Eden Health Care Services to offer you a suite in the building. Eden reserves the right to request additional information including personal references and to conduct background checks prior to offering you a Lease agreement.</i>	
_____ Signature	_____ Date
_____ Signature	_____ Date

**Send or deliver completed application form to:  
Eden Housing & Supports - Steinbach,  
21 Loewen Blvd,  
Steinbach, Manitoba R5G 0L4  
Phone: 326-5437 Fax: 346-0423**