



eden health care services

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 \$595, two-bedroom suite is \$745).

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.....\$ _____

Total Monthly Housing Cost \$ _____

Name of present Landlord: _____ Ph. No. _____

May we contact your Landlord? Yes No

Your present accommodation can be best described as:

- Single family house
- Duplex
- Apartment
- Townhouse/row housing
- Rooming house/hotel
- Mobile home
- 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.)

Additional Comments _____

I declare that the above information is correct and accurate to the best of my knowledge.

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.

Signature

Date

Signature

Date

**Send or deliver completed application form to:
Eden Housing & Supports - Steinbach,
21 Loewen Blvd,
Steinbach, Manitoba R5G 0L4
monique@edenhealthcare.ca
Phone: 320-6033 Fax: 346-0423**