

Concordia Village IV Affordable Rental Housing



Integrated Housing

Concordia Village IV is an integrated affordable rental housing project managed by Eden Health Care Services (EHCS). All suites are either median market rents or rent geared to income. Tenant selection is managed through a screening committee comprised of management and community representatives. The apartment community is designed to support individuals and families in need of safe, affordable housing. Some suites provide full mobility access and all suites are built to visitable standards. The integrated philosophy encourages positive community building as a primary objective of both property management and the tenant population. Some residents in the new building will be clients of EHCS and will be receiving supportive services designed to assist with the activities of independent living.

Eden Health Care Services is a faith-based non-profit registered charitable organization with its head office located in Winkler, Manitoba. It encompasses an acute care mental health treatment facility, housing services and supports, counselling services, as well as vocational assessment and training for individuals with employment barriers. EHCS is owned and governed by the Mennonite Churches of Manitoba and works in collaboration with Regional Health Authorities. More information on EHCS is available at www.edenhealthcare.ca.

Vision... That people on the mental health journey experience hope, healing and community.

Mission... To respond to the community by providing a range of services that will empower persons with mental health needs.

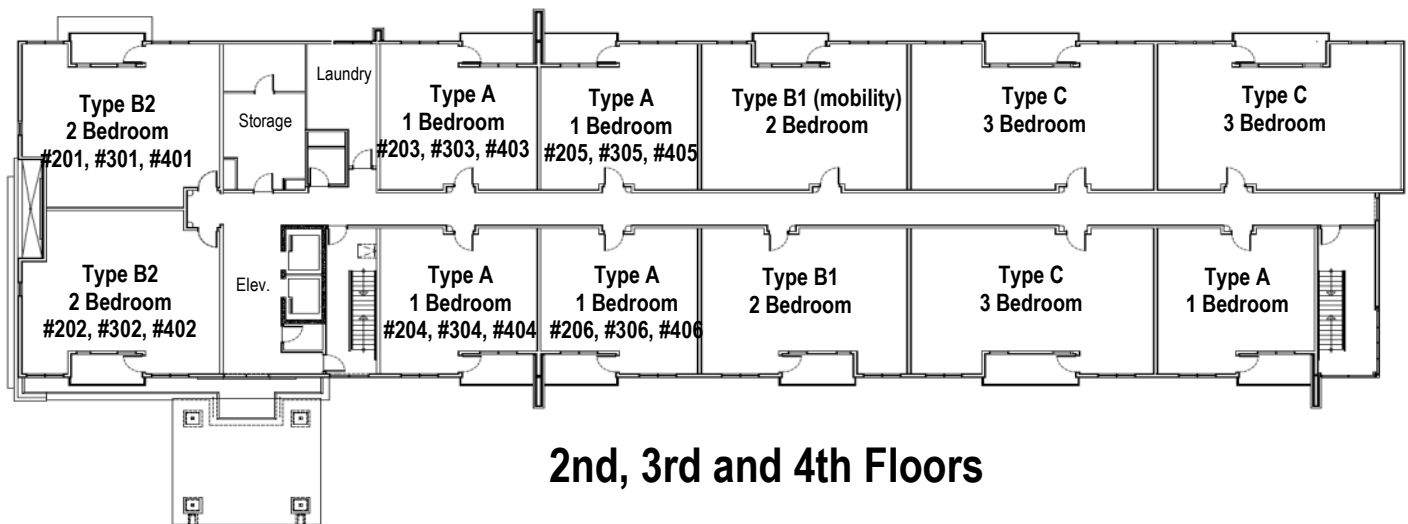
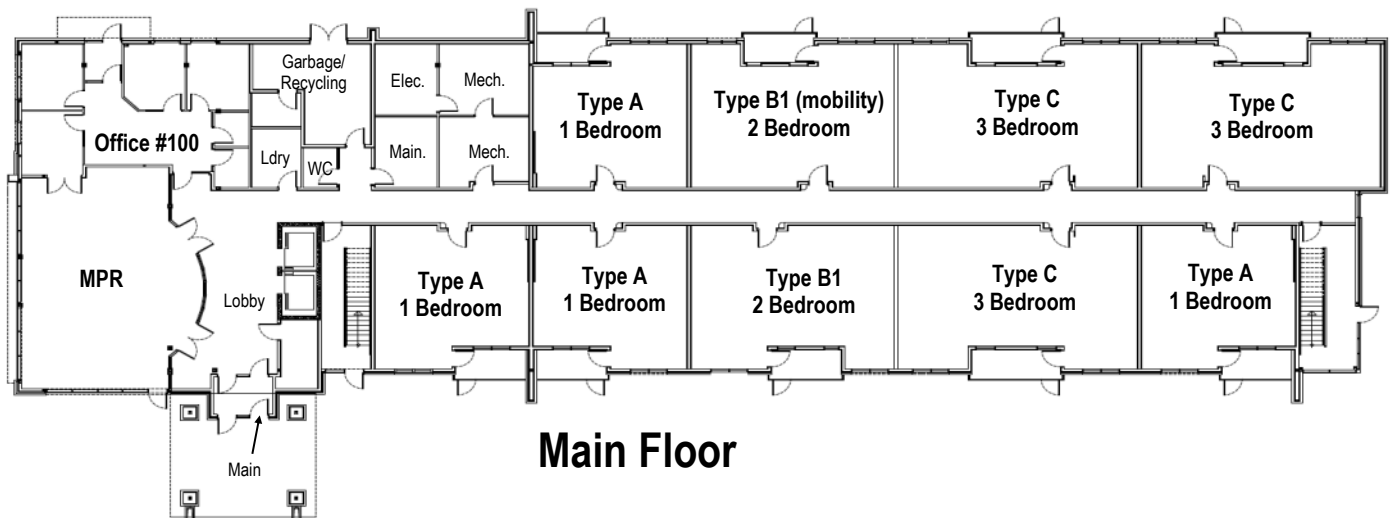
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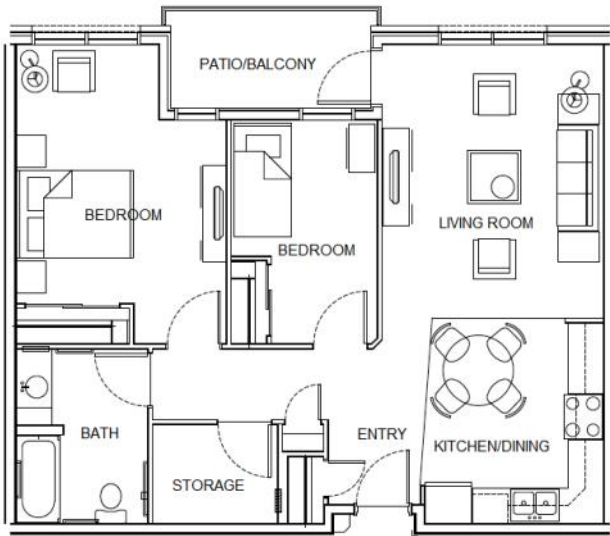
April 2015

Concordia Village IV is a joint project of Eden Health Care Services, Manitoba Housing, and Concordia Wellness Projects

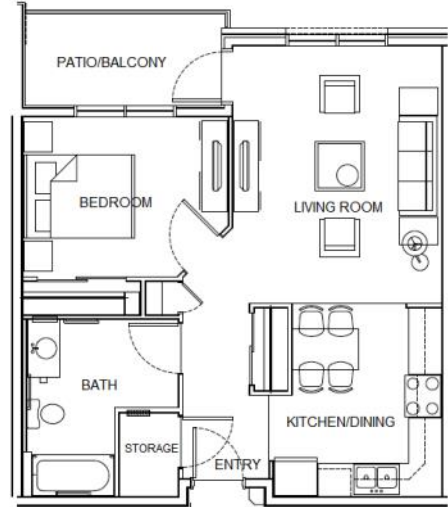


- Estimated rents include utilities and access to one storage locker.
- Each suite equipped with individually controlled heat and air conditioning.
- Rents do not include telephone, cable TV, and parking.
- Concordia Village IV has a no smoking and no pets policy.
- Monthly parking charge: \$24

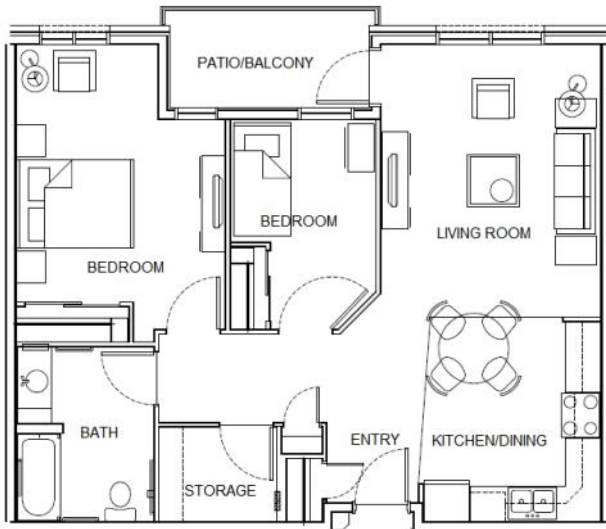




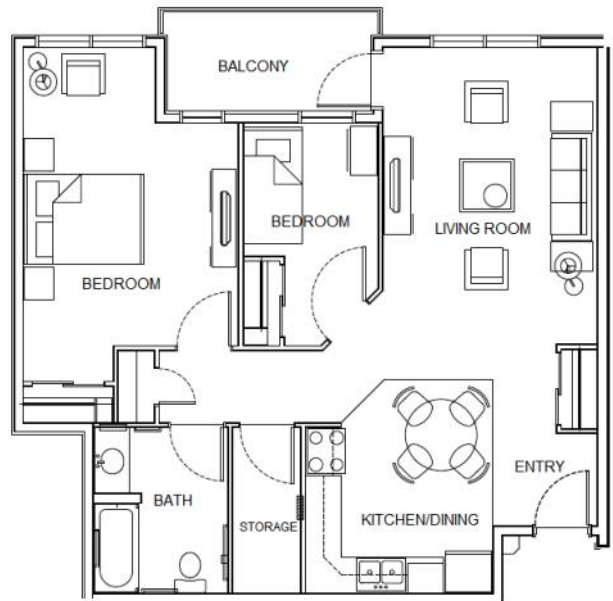
Unit Type B1 - Two Bedroom +/- 885 SF
4 Units Available
Estimated Monthly Rent: \$983



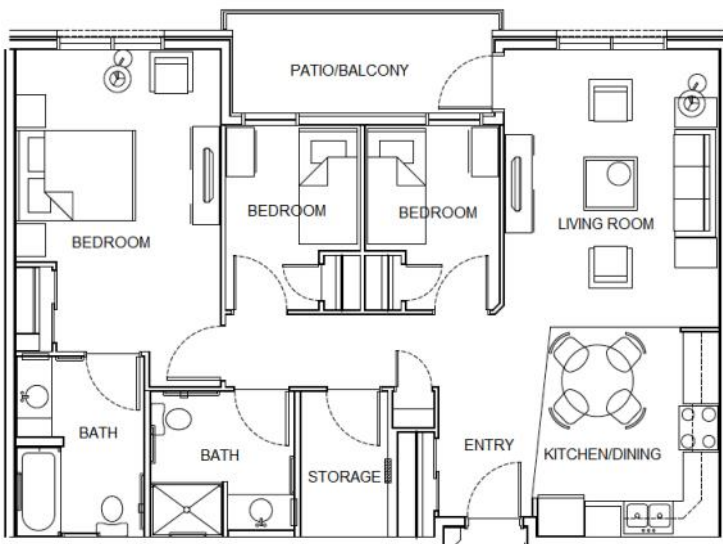
Unit Type A - One Bedroom +/- 660 SF
19 Units Available
Estimated Monthly Rent: \$772



Unit Type B1 (mobility)- Two Bedroom +/- 885 SF
4 Units Available
Estimated Monthly Rent: \$983



Unit Type B2 Two Bedroom +/- 900 SF
6 Units Available
Estimated Monthly Rent: \$983



Unit Type C - Three Bedroom +/- 1,038 SF
12 Units Available
Estimated Monthly Rent: \$1,179

Concordia Village IV
1055 Molson Street, Winnipeg
Tenant Application Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Tel. No.: _____

All applicants complete questions 1 through 8.

1. What size of unit are you interested in? 1 Bedroom 2 Bedroom 3 Bedroom

2. How many members in your household? 1 2 3 4 5 6+

3. How many adults in your household? 1 2 3

4. How many children in your household? 1 2 3 4

Please identify the number of children as follows:

<u>Age</u>	<u># Female</u>	<u># Male</u>
0-5 years	_____	_____
6-10 years	_____	_____
10+ years	_____	_____

5. Does anyone in your household have a physical disability? Yes No
If yes, are you interested in the specially designed "B1 (mobility)" unit? Yes No

6. Will you require parking? Yes No. If yes, how many stalls? _____

7. Are you prepared to move as soon as a unit is available? Yes No
If no, when are you prepared to move? _____

8. Government support for **Concordia Village IV** requires that the annual household income of tenants not exceed \$64,829 for households with dependents/children and \$48,622 for single and two person households without dependents/children. Please indicate your total annual household income as reported on your most recent Canada Revenue Agency Notice of Assessment form (Line 150) \$_____.
(Please be prepared to provide a copy of your Assessment form.)

Some units at **Concordia Village IV** will be available for individuals and families requiring mental health supports. Tenants for these units will be selected by Eden Health Care Services. Rent levels for these units will be established at 27% of total gross household income or the Employment and Income Assistance fixed rent as determined by the provincial government.

9. Are you interested in applying for one of these Supportive Housing units? Yes No
If you answered "Yes", please complete the "**Application for Supportive Housing**" along with a covering letter from your referring worker.

*I/we understand that **Concordia Village IV** is a supportive and integrated housing project where some units are available for clients of Eden Health Care Services. I/we understand that submission of this form does not obligate Eden Health Care Services to offer me/us a lease. I/we understand that Eden Health Care Services reserves the right to request additional information and conduct a personal investigation prior to offering me/us a lease.*

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

Employment/Income Information

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Applicant:

Employer's Name: _____ Phone: _____

Address: _____

Date Employed: _____ Monthly Income: _____

OR

Income Assistance Worker: _____ Phone: _____

Address: _____

Other Source of Income

Name: _____ Monthly Income: _____

Co-Applicant:

Employer's Name: _____ Phone: _____

Address: _____

Date Employed: _____ Monthly Income: _____

OR

Income Assistance Worker: _____ Phone: _____

Address: _____

Other Source of Income

Name: _____ Monthly Income: _____

Send completed application to:
Concordia Village IV
100-1055 Molson St.
Winnipeg, MB R2K 4M5
T: 204-219-1345
F: 204-221-2201
marianne@edenhealthcare.ca

I, _____ of _____
 give permission for Eden Health Care Services to provide/obtain a rental reference to/from any prospective/previous/current
 landlord. I understand that the following information will be discussed:

Tenant/Applicant Signature: _____ Date: _____

- How much was rent? _____
- Was rent paid on time? Yes No If No, how often was it late? _____
- Period of tenancy: From _____ to _____
- Was proper notice to vacate given? Yes No If No, how much notice was given? _____
- Has tenant had any NSF cheques? Yes No
- If utilities were paid directly by the tenant, were they paid on time? Yes No Unknown
- Number of notices issued for unpaid or late payments during residency? _____
- How would you rate the tenant's payment history overall?
 Good Fair Poor
- Have there been any complaints of nuisance and disturbance? Yes No

If Yes, please describe.

- Was the unit well kept inside and out? Yes No

If NO, please describe.

- Has the tenant received any evictions/terminations? Yes No

If Yes, for what?

- Has the tenant been treated for bed bugs in the last 6 months? Yes No
- Were there charges after the tenant vacated? Yes No
- Would you rent to the tenant again? Yes No

Completed by (please print): _____

Title: _____ Company: _____

Phone: _____ Fax: _____ Email: _____

Applicant Current and Previous Landlord Reference Information:

Address	From (mm/yy)	To (mm/yy)	Name of Landlord	Phone	Reason for Vacating

Co-applicant Current and Previous Landlord Reference Information:

Address	From (mm/yy)	To (mm/yy)	Name of Landlord	Tele- phone	Reason for Vacating

Additional information you think is relevant to your application:
