

# *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](http://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.*

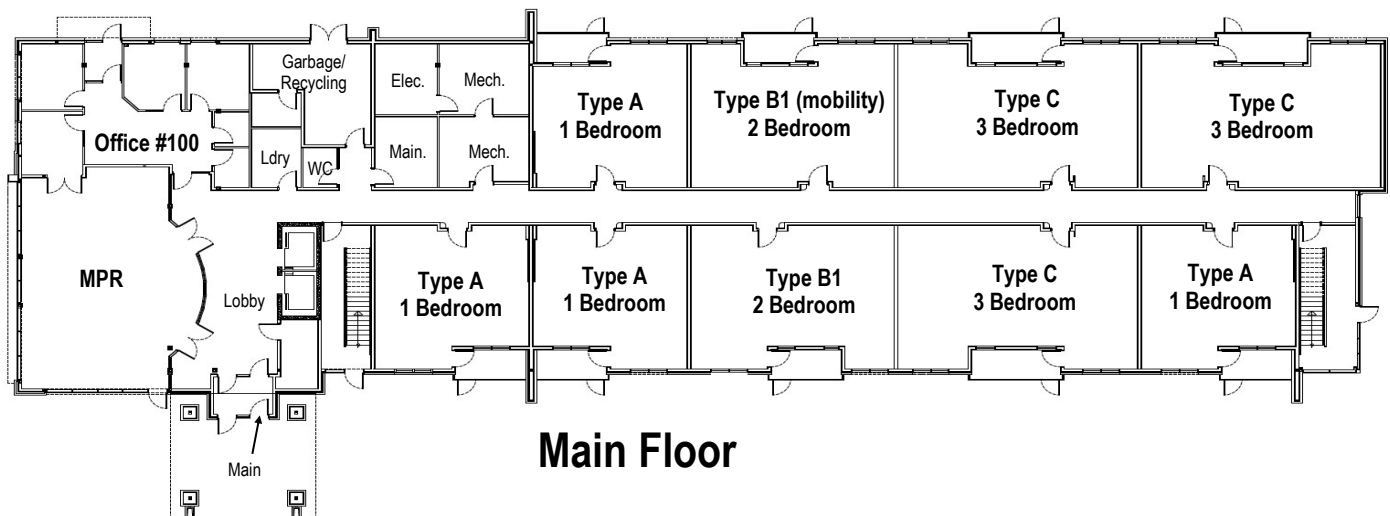
*Contents  
subject to  
change  
without  
notice.*

*January 3,  
2020*

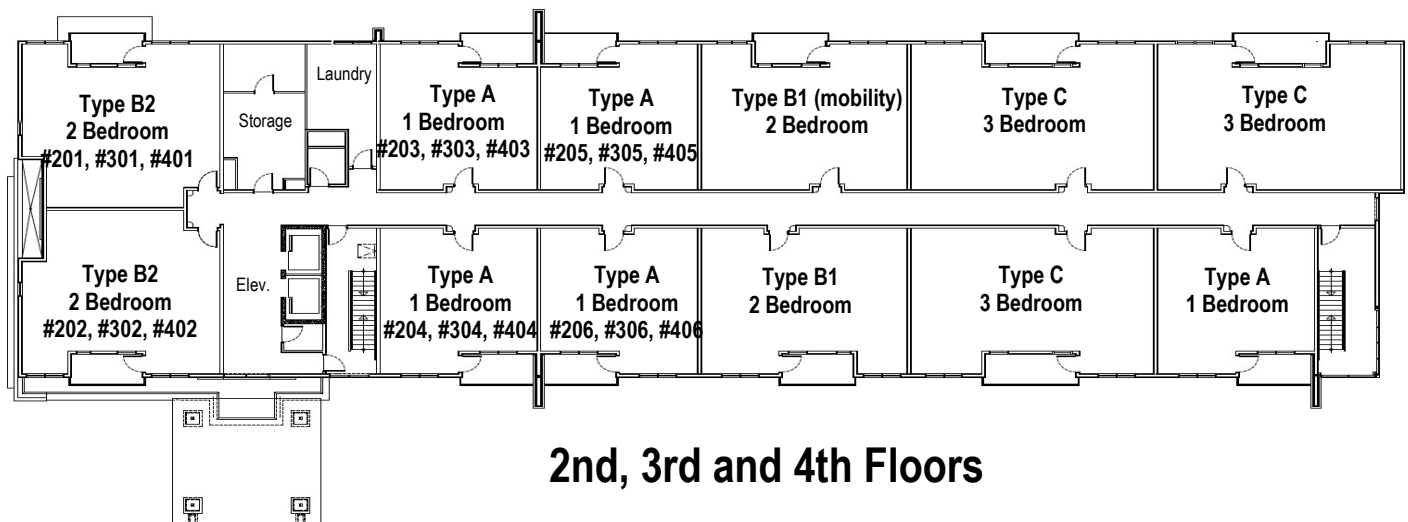
**Concordia Village IV** is a joint project of Eden Health Care Services, Manitoba Housing, and Concordia Wellness Projects



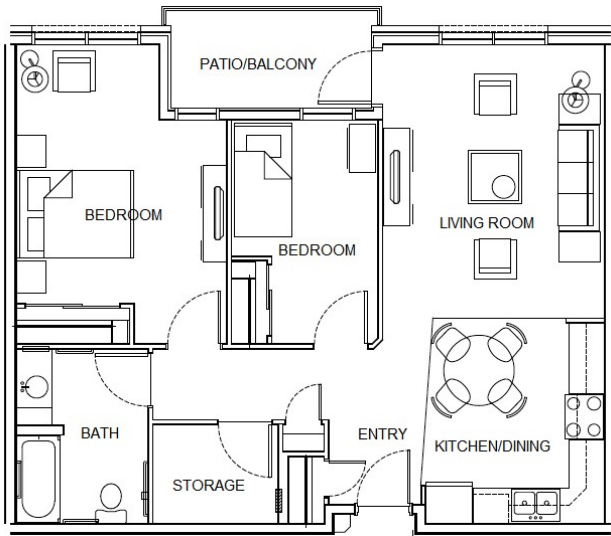
- Estimated rents include utilities and access to one storage locker.
- Each suite equipped with individually controlled heat and air conditioning.
- Rents do not include telephone, cable TV, and parking.
- Concordia Village IV has a no smoking and no pets policy.
- Monthly parking charge: \$24



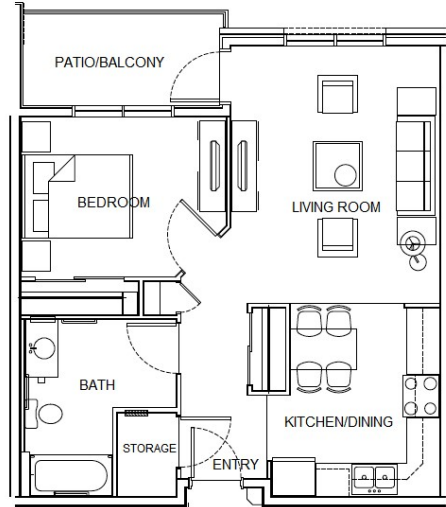
**Main Floor**



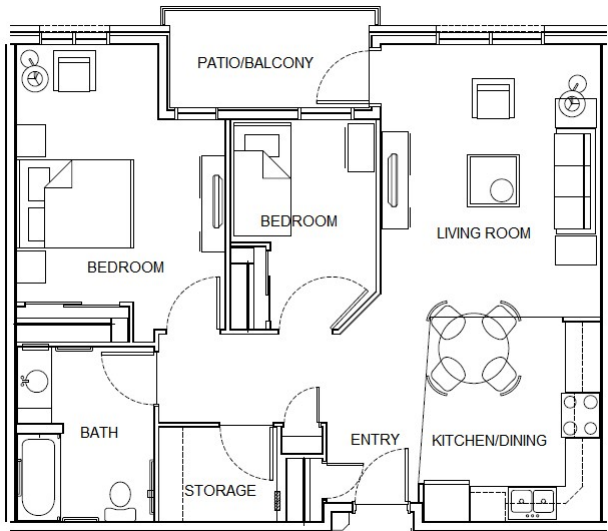
**2nd, 3rd and 4th Floors**



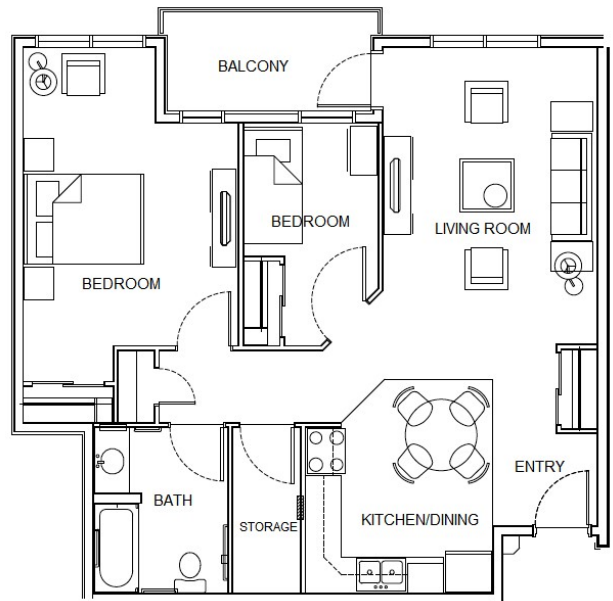
**Unit Type B1 - Two Bedroom +/- 885 SF**  
**4 Units Available**  
**Estimated Monthly Rent: \$1,204.00**



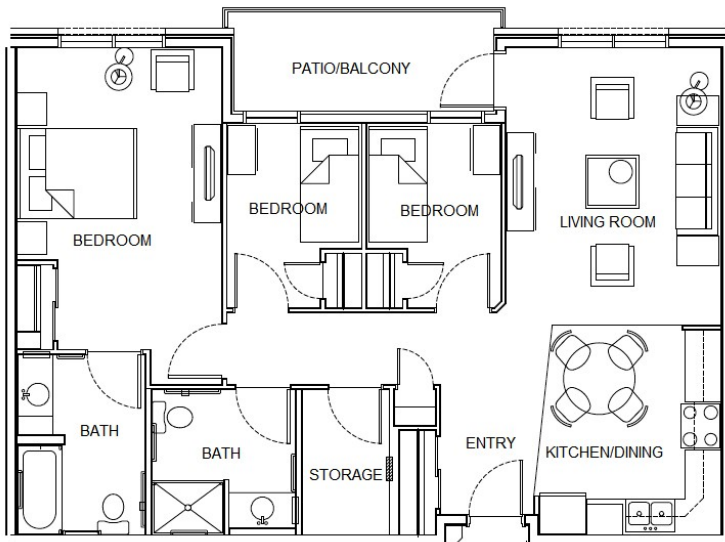
**Unit Type A - One Bedroom +/- 660 SF**  
**19 Units Available**  
**Estimated Monthly Rent: \$964.00**



**Unit Type B1 (mobility)- Two Bedroom +/- 885 SF**  
**4 Units Available**  
**Estimated Monthly Rent: \$1,204.00**



**Unit Type B2 Two Bedroom +/- 900 SF**  
**6 Units Available**  
**Estimated Monthly Rent: \$1,204.00**



**Unit Type C - Three Bedroom +/- 1,038 SF**  
**12 Units Available**  
**Estimated Monthly Rent: \$1,267.00**

**Concordia Village IV**  
1055 Molson Street, Winnipeg  
**Tenant Application Form**

Name(S): \_\_\_\_\_

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 \$75,592 for households with dependents/children and \$56,694 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

### 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  
lisa@edenhealthcare.ca

# Rental Reference Release Form

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: \_\_\_\_\_

Below to be completed by Landlord

- 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: