

# APPLICATION FOR HOUSING

**ENNS COURTS**  
**1220/1230 Pembina Ave., Box 129**  
**Winkler, Manitoba**  
**R6W 4A4**

THE FOLLOWING INFORMATION IS REQUIRED FROM ALL APPLICANTS:

## HOUSEHOLD INFORMATION

**Note: No Pets**

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Co-applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street No. and Name: \_\_\_\_\_

Community: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Are you a Canadian Citizen?    Yes    No

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

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

	Name	Age	Sex	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Are you or any member of your household physically handicapped?    Yes    No

Explain: \_\_\_\_\_

Have you previously lived in Public Housing? Yes No If yes please give details:

## HOUSING REQUIREMENTS

How soon would you be prepared to move? \_\_\_\_\_

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

What agencies or groups are you presently connected with? \_\_\_\_\_

How many bedrooms would you require? \_\_\_\_\_ Number of parking spaces: \_\_\_\_\_

## INCOME INFORMATION

What is your **Total Gross Annual HOUSEHOLD INCOME**, from all sources before deductions? Include income from employment, social assistance, pension, income from interest and investments.

Monthly: \$ \_\_\_\_\_ Annual: \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Please note that documented verification of income may be required.**

What are your sources of income?

( ) Salary or Wages \_\_\_\_\_ ( ) Social Assistance \_\_\_\_\_

( ) Self Employment \_\_\_\_\_ ( ) Pension Income \_\_\_\_\_

( ) Employment Insurance \_\_\_\_\_ ( ) Old Age Security/GIS \_\_\_\_\_

( ) Interest/Investment \_\_\_\_\_ ( ) Other \_\_\_\_\_

**PRESENT HOUSING SITUATION**

Do you currently: ( ) own ( ) rent ( ) live with family/friends.

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

How much do you pay each month for:

Mortgage \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_ Utilities (heat, light, water) \$ \_\_\_\_\_

**TOTAL MONTHLY COST \$ \_\_\_\_\_**

**Applicant's Current and Previous Landlord Reference Information:**

Address	Date From (m/y)	Date To (m/y)	Name of Landlord	Landlord Telephone	Reason for vacating

**Co-Applicant's Current and Previous Landlord Reference Information:**

Address	Date From (m/y)	Date To (m/y)	Name of Landlord	Landlord Telephone	Reason for vacating

**SIGNATURE**

If you are completing this form for applicant please give name and relationship:  
(print) \_\_\_\_\_ relationship: \_\_\_\_\_

I declare that the above information is correct and accurate to the best of my knowledge. I understand that this application does not constitute an obligation to provide me with accommodation. I consent to a personal investigation as required.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**More information can be obtained by calling (204) 325-4719**

**ADDITIONAL COMMENTS**


<b>For Office Use Only</b>	
Date Application Received:	Landlord Reference Checks:
Man. Housing Status:	
Bedrooms Needed:	