

Part I – General Information

Date: _____

Applicant	
Name:	Date of Birth:
Address:	Gender: *
	Ethnic Origin:
Home Phone Number:	Emergency Contact/Next of Kin:
Cell Phone Number:	Emergency Contact Number:
Email Address:	

Services / Programs Applying For

<input type="checkbox"/> Community Wellness Initiative Outreach	<input type="checkbox"/> Housing Procurement
<input type="checkbox"/> Concordia Village IV Housing Support Program	<input type="checkbox"/> Portable Housing Benefit
<input type="checkbox"/> General Housing Support	<input type="checkbox"/> Residential Care
<input type="checkbox"/> Linden Place	<input type="checkbox"/> Drop In – Community Choices, Positive Living Program, Eden Community Club

Area of Service

<input type="checkbox"/> Winkler/Morden	<input type="checkbox"/> Steinbach	<input type="checkbox"/> Winnipeg
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Part II – Tenancy

Citizenship:			
Number of Bedrooms Required:		Parking Requirements:	
Accessible Suite Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Acknowledge that I have been informed and am aware of:		A No Smoking Policy: _____ (please insert initials)	
		A No Pet Policy: _____ (please insert initials)	
All Potential Household Members			
Applicant:	Gender:	Date of Birth:	
Source of Income:	Certified Copy of Income Tax Return Attached: <input type="checkbox"/>		
Co-Applicant:	Gender:	Date of Birth:	Relationship:
Source of Income:	Certified Copy of Income Tax Return Attached: <input type="checkbox"/>		
Name:	Gender:	Date of Birth:	Relationship:
Name:	Gender:	Date of Birth:	Relationship:
Name:	Gender:	Date of Birth:	Relationship:

Previous Landlords	
Name of Landlord:	Contact Number:
Previous Address:	
Move in date:	Move out date:
Reason for leaving:	
Personal / Other comments:	
Name of Landlord:	Contact Number:
Previous Address:	
Move in date:	Move out date:
Reason for leaving:	
Personal / Other comments:	
Name of Landlord:	Contact Number:
Previous Address:	
Move in date:	Move out date:
Reason for leaving:	
Personal / Other comments:	
Name of Landlord:	Contact Number:
Previous Address:	
Move in date:	Move out date:
Personal / Other comments:	

Other Service Providers (Team Members)			
<input type="checkbox"/> EIA Worker	Worker Name: _____ Phone #: _____ Address: _____ _____ _____	<input type="checkbox"/> Power of Attorney	Name: _____ Phone #: _____ Address: _____ _____ _____
	<input type="checkbox"/> Public Trustee		Worker Name: _____ Phone #: _____ Address: _____ _____ _____

Part III – Supports (Please complete if applying for the Supportive Housing program)

REFERRAL SOURCE	
Name: _____	
Contact Information:	
Phone Number: _____	Mailing Address: _____
<input type="checkbox"/> Community Mental Health Worker (CMHW)	<input type="checkbox"/> Psychiatric Nurse Therapist
<input type="checkbox"/> Doctor/Psychiatrist	<input type="checkbox"/> Self
<input type="checkbox"/> Other please specify _____	
MEDICAL INFORMATION	
Psychiatric Diagnosis/ Diagnostic Impressions: _____	
Medical Concerns: _____	
HOW CAN WE SUPPORT YOU	
<input type="checkbox"/> Self-Care <input type="checkbox"/> Grocery Shopping <input type="checkbox"/> Money Management <input type="checkbox"/> Community Involvement <input type="checkbox"/> Employment <input type="checkbox"/> Alcohol & Drug Use <input type="checkbox"/> Living with mental health illness/ mental health issues	<input type="checkbox"/> Legal Concerns <input type="checkbox"/> Menu Planning <input type="checkbox"/> Transportation <input type="checkbox"/> Leisure/Recreational Activities <input type="checkbox"/> Cooperative Living Skills <input type="checkbox"/> Obtain housing <input type="checkbox"/> Safety
<input type="checkbox"/> Housekeeping <input type="checkbox"/> Cooking <input type="checkbox"/> Social Skills <input type="checkbox"/> Connecting with Resources <input type="checkbox"/> Supporting treatment adherence <input type="checkbox"/> Physical Health issues <input type="checkbox"/> Other: _____	
Do you have supports (e.g. family, friends, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No List Current Supports/Supports Systems: _____ _____ _____	

Additional Comments:

CONSENT AND DECLARATION

Collection, Use and Disclosure of Personal Information and Personal Health Information

Your personal information and personal health information is collected by Eden Residential Care Services and used to determine your eligibility for rental housing and any tenancy which may eventually result from this application. Your personal information is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and, if applicable, The Personal Health Information Act (PHIA).

In this form, words in the singular include the plural and words in the plural include the singular.

Consent to Disclose and Share Information

I consent to Eden Residential Care Services sharing any personal information and personal health information relating to me or my dependents with other government departments, external agencies or other providers of housing or services to confirm on-going eligibility for rental housing, determine my housing needs and rental charge. I understand that this information is kept on file in accordance with Manitoba legislation.

I authorize any person, agency or organization to release or exchange information for that purpose. I understand this consent includes requests pertaining to my marital status, employment, income, assets and liabilities, medical condition, family status, benefits received under other programs or any other relevant personal information. I understand this includes Eden Residential Care Services conducting a personal investigation including past and present landlord reference checks, income verification and utility checks.

Please be advised that information from this application will be shared with a Selection Committee that is respective to Concordia Village IV Housing Support program, Linden Place and the Portable Housing Benefit.

A copy or facsimile of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure or exchange of information.

Consent to Release Income Information

I consent to the release of income, expense and dependents' information from my income tax records by the Canada Revenue Agency (CRA) to Eden Residential Care Services under the authority of the Housing and Renewal Corporation Act of Manitoba. The information will be relevant to and used solely to confirm income and set rental charges for government subsidized rental housing.

This consent is valid for the previous two tax years, the current year and each year after that I am an applicant or a tenant with Eden Residential Care Services.

I understand that, if I wish to withdraw this consent, I may do so at any time in writing to Eden Residential Care Services.

Declaration

I understand that this application is not an agreement on the part of Eden Residential Care Services to provide me with housing. I acknowledge that, once submitted, this application becomes the property of Eden Residential Care Services.

I certify that the information given in this document is true, correct, and complete in every respect. It fully discloses my income from all sources. If something is incorrect or not true, I understand that Eden Residential Care Services may cancel my application or take any other measures deemed to be appropriate.

I have read and accept all terms and conditions of the Consent and Declaration section.

Applicant name (print) Applicant signature Date

Co-applicant name (print) Co-applicant signature Date

For those applicants signing with an "X", a witness must sign below:

Witness name (print) Witness signature Date

PUBLIC TRUSTEE

If this application is being submitted on behalf of a person who is registered with the Public Trustee, the Trustee must complete the information below and stamp before submitting.

Name: _____

Phone: _____

Public Trustee Stamp

Please forward completed applications electronically or by mail to:

E-mail address: housing@edenhealthcare.ca
Mailing address: Eden Housing and Supports
P.O. Box 129
Winkler, MB R6W 4A4