

APPLICATION FOR HOUSING & SUPPORTS

Part I – General Information

Date: _____

Applicant	
Name:	Co-applicant Name
Address:	Co-applicant Address:
Home Phone Number:	Cell Phone Number:
Email Address:	Social Insurance Number:
Preferred Method of Communication:	

Service Applying For

<input type="checkbox"/> Independent Housing	<input type="checkbox"/> Housing & Mental Health Supportive Programming
Location Applying For	
<input type="checkbox"/> Enns Courts (Winkler)	<input type="checkbox"/> Enns Courts (Winkler)
<input type="checkbox"/> Penfeld Courts (Steinbach)	<input type="checkbox"/>
Wilson Courts (Steinbach)	

Part II – Tenancy

Citizenship: <input type="checkbox"/>	
Number of Bedrooms Required:	Parking Requirements:
Accessible Suite Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Assistance 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: _____ <input type="checkbox"/>	Proof of Income Attached: <input type="checkbox"/>
Co-Applicant:	Gender: _____ Date of Birth: _____ Relationship: _____
Source of Income: _____ <input type="checkbox"/>	Proof of Income Attached: <input type="checkbox"/>
Household Member Name:	Gender: _____ Date of Birth: _____ Relationship: _____
Household Member Name:	Gender: _____ Date of Birth: _____ Relationship: _____
Household Member Name:	Gender: _____ Date of Birth: _____ Relationship: _____

Household Information

If you listed any dependants (18 years or younger) on your application, do you have shared or joint custody arrangements Yes No

If yes, how many days per month are the children in your care?

What are the number of overnight visits per month?

How many bedrooms does your household use in your current home?

In this section, we are asking about circumstances that may affect your need for housing, please select all that apply.

- Living in a homeless shelter
- Living on the street
- Current home destroyed by fire/flood
- Forced to leave current home due to child protection concerns
- Individual with disability forced to leave parental home, as parent can no longer provide support
- Individual with a disability forced to vacate a supportive housing unit as no longer qualifies for programming
- Experiencing a family separation and being forced to find new housing within 3 months
- Need housing to regain children
- Temporarily housed (i.e. couch surfing or staying in a hotel, hostel or transitional housing)
- Have a minor/temporary disability or mental illness that is preventing from maintenance of current home/continuation of independent living
- Need to move to be closer to work, school, childcare and supportive services
- Living in second stage housing
- Temporarily living with family/friends
- Being discharged from medical facility with no place to live
- Being released from correctional facility with no place to live
- Youth aging out of care
- Living in crisis centre

Have you ever previously rented with Eden Residential Care Services? Yes No

Which site and for how long:

Have you ever been evicted from a previous rental? Yes No

If yes, provide an explanation:

Previous Landlords

Name of Landlord:	Contact Number:
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Previous Address:

Move in date:	Move out date:
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Reason for leaving:

Permission to Contact: Yes No

Name of Landlord:	Contact Number:
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Previous Address:

Move in date:	Move out date:
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Reason for leaving:

Permission to Contact: Yes No

Name of Landlord:	Contact Number:
Previous Address:	
Move in date:	Move out date:
Reason for leaving:	
Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Landlord:	Contact Number:
Previous Address:	
Move in date:	Move out date:
Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

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

