

Analiaa



# Part I – General Information

Date:

Applicant		
Name:	Co-applicant Name:	
Address:	Co-applicant Address:	
Home Phone Number:	Cell Phone Number:	
Email Address:		
Preferred Method of Communication:		
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### Service Applying For:

Level of Housing & Supports	Housing only	Housing with outreach mental health supports	Housing with onsite mental health support (40hrs/week)	Mental health Group home (24/7)
Location	Steinbach Winkler Winnipeg	Steinbach Winkler	Winnipeg	Winkler

**Part II – Tenancy** If applying for tenancy in one of our Eden housing units please complete section 2.

Steinbach: Wilson Courts/Penfeld Courts Winkler: Enns Courts Winnipeg: CV4

Citizenship:			
Number of Bedrooms Required:		Parking Requirements:	
Accessible Suite Required:	🗆 Yes 🗆 No	Emergency Assistance Required:	
Acknowledge that I have been informed and am aware of:		A No Smoking Policy: A No Pet Policy:	
All Potential Household Member	rs		N /
Applicant:	Gender:	Date of Birth:	
Source of Income:	I	Proof of Income Attached:	
Co-Applicant:	Gender:	Date of Birth:	Relationship:
Source of Income:		Proof of Income Attached:	-
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	ne children in your care?	
What are the number of overnight visits	s per month?	
How many bedrooms does your household us		
In this section, we are asking about c	ircumstances that may affect your need for housing, please select all that apply.	
□ Living in a homeless shelter	□ Youth aging out of care	
Living on the street	Living in crisis centre	
Current home destroyed by fire/flood		
□ Forced to leave current home due to child	protection concerns	
	rental home, as parent can no longer provide support	
	a supportive housing unit as no longer qualifies for programming	
	g 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		
Have you ever previously rented with Eden R	tesidential 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:	
Previous Address:		
Move in date:	Move out date:	
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:		

Name of Landlord:	Contact Number:	
Previous Address:		
Move in date:	Move out date:	
Reason for leaving:		
Permission to Contact:   Yes   No		
Name of Landlord:	Contact Number:	
Previous Address:		
Move in date:	Move out date:	
Permission to Contact: □ Yes □ No	1	

### 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
	<b>R/Health Care Directive</b> alf of a person who is registered with the Public T y must complete the information below, including	-

Name:

Phone:

If you are applying for integrated supportive housing (Cv4) or 24/7 supportive housing, a supplemental application will be forwarded to you for completion once your initial application is received. If you are applying for the Portable Housing Benefit please use the PHB application form.

If you have housing related questions, please call 204-325-5355. 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

## Eden Residential Care Services Housing and Supports Programs

## **Housing Only**

**Enns Courts**: Apartments located in Winkler that provide safe, quality, and affordable rent geared to income housing for individuals and families on a low-income budget. Our primary mandate is to serve those with chronic mental health needs, as well as anyone who requires affordable housing. Enns Court is a 38-unit complex comprised of 1, 2, and 3-bedroom suites.

**Wilson Courts/Penfeld Courts**: are 24-unit apartment complexes located in Steinbach that provide quality, safe, and affordable housing for individuals or families with mental health needs in the South Eastman community. Each building has bachelor suites as well as one-bedroom suites. Tenancy is available at rent geared to income and affordable housing rates.

**Concordia Village IV**: is an integrated, affordable Manitoba Housing apartment complex located in Winnipeg and managed by Eden. It is a 45-unit apartment building offering 1, 2, and 3-bedroom apartments. Tenancy is available at rent geared to income and affordable housing rates.

## Housing with Outreach Mental Health Supports

**Community choices** is a daily program offered out of Enns courts (Winkler). The purpose of this program is to create a positive atmosphere where people who are living with a mental illness can come together, visit, and participate in skill building and social activities, such as cooking together, playing games, and going bowling.

**Community Wellness Initiative** is a program offered in Winkler and surrounding area and is designed to create a positive atmosphere within subsidized housing and encourage the overall mental health and well-being of the tenants. Every week there are group activities designed to bring tenants together to encourage a positive atmosphere, provide education, reduce isolation, and encourage relationship building. The program aims to empower tenants through providing support, information, resources, and access to services. The Community Wellness Initiative program also provides one-on-one help, working with individuals who are at risk of losing their housing for various reasons, such as budgeting, or conflict with other tenants.

In Steinbach we have a Mental Health Outreach program (previously known as the Positive Living Program). This program has been on hold in Steinbach but is looking to be up and running in the near future. More information to come.

## Housing with Mental Health Supports (40 hours/ per week)

The supportive Housing Program at Concordia Village IV (Winnipeg) is a partnership with Eden Health Care Services and the Winnipeg Regional Health Authority. The program offers permanent, subsidized housing and occupies 16 units in the building. The program focuses on a strengths-based framework that emphasizes individual mental health recovery within the context of integration and inclusion in the apartment and broader community life. Individual support and group programming are core features of the program. Individual support includes the service of an assigned Housing Support Worker who works alongside participants in the recovery journey. Group programming runs Monday-Friday and provides an opportunity for skill building and finding meaningful routine. (Onsite support offered 40hrs/week, Monday-Friday).

## Mental Health Group Home

Linden Place is a transitional group home program located in Winkler with the capacity to support up to 8 residents. The program focuses on psychological rehabilitation, building life skills, and fostering positive relationships. The program provides a structures and supportive environment that is strength-based and emphasizes every individual's capacity for learning and growth. Staff are onsite 24 hours a day, 7 days a week.