

Part 1 – General Information

Date: _____

| Applicant | | | | | |
|------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Name: | | Co-applicant Name: | | | |
| Address: | | Co-applicant Address: | | | |
| Home Phone Number: | | Cell Phone Number: | | | |
| Email Address: | | | | | |
| Preferred Method of Communication: | | | | | |
| Service Applying For: | | | | | |
| Level of Housing & Supports Needed | <input type="checkbox"/> General Housing support only (not applying for Eden's housing) | <input type="checkbox"/> Eden Housing (no mental health support needed) | <input type="checkbox"/> Eden Housing with mental health support required | <input type="checkbox"/> Integrated Supportive Housing Suite and Program | <input type="checkbox"/> 24/7 Supportive Housing (Access to onsite clinician) |
| Location services are available | <input type="checkbox"/> Steinbach <input type="checkbox"/> Winkler <input type="checkbox"/> Winnipeg | <input type="checkbox"/> Winnipeg <input type="checkbox"/> Winkler <input type="checkbox"/> Steinbach and surrounding area | <input type="checkbox"/> Steinbach <input type="checkbox"/> Winkler | <input type="checkbox"/> Winnipeg (40 hrs/week support & access to onsite clinician) | <input type="checkbox"/> Winkler |

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

- Steinbach: Wilson/Penfild Courts
- Winkler: Enns Courts
- Winnipeg: CV4

****If applying for general housing support only, please proceed to Part 3 and complete.**

If this application is being completed by a referral source, we encourage you to provide a letter of support outlining any additional information that may be important when assessing this application.

Part 2: Tenancy

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|-----------------------|
| Citizenship: Choose One: | | | |
| Number of Bedrooms Required: | | Parking Requirements: | |
| Accessible Suite Required: | Yes No | Emergency Assistance Required: | Yes No |
| Acknowledge that I have been informed and am aware of: <ul style="list-style-type: none"> • 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: | | 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 dependents (18 years or younger) on your application, do you have shared or joint custody arrangements? | |
| <ul style="list-style-type: none"> • If yes, how many days per month are the children in your care? | |
| <ul style="list-style-type: none"> • 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 |
| If yes, 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: Yes No | |
| 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 | |

Part 3: General Housing Support

| Primary Reason for Request for Service/Referral (Check all that apply): | | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------|----------------------------------------------|
| <input type="checkbox"/> | Tenant support, assessment, planning, and intervention | <input type="checkbox"/> | Specialized and transitional housing support |
| <input type="checkbox"/> | Tenant education | <input type="checkbox"/> | Eviction and homelessness prevention |
| <input type="checkbox"/> | Search and procurement of housing | <input type="checkbox"/> | Community Orientation/Integration |
| <input type="checkbox"/> | Crisis Support | <input type="checkbox"/> | Employment Support |
| <input type="checkbox"/> | Cleaning | <input type="checkbox"/> | Reading/Education |
| <input type="checkbox"/> | Attending Appointments | <input type="checkbox"/> | Groceries |
| <input type="checkbox"/> | Laundry | <input type="checkbox"/> | Personal Hygiene |
| <input type="checkbox"/> | Nutrition | <input type="checkbox"/> | Cooking |
| <input type="checkbox"/> | Linking to Supports | <input type="checkbox"/> | Leisure/Recreation Activity |
| <input type="checkbox"/> | Hobbies | <input type="checkbox"/> | Money Management |
| <input type="checkbox"/> | Interpersonal/Social Skills | <input type="checkbox"/> | Recreation |
| <input type="checkbox"/> | (Formal) Education | <input type="checkbox"/> | |

| | | |
|-----------------------------------|--------------|-----------------|
| Additional Information: | Name: | Contact: |
| Referral Source: | | |
| EIA Case Manager: | | |
| Doctor/Nurse Practitioner: | | |
| Psychiatrist: | | |
| Other Formal Support: | | |

| Please list all household members: | | | |
|-------------------------------------------|-------------|-----------------------|----------------------|
| Name: | Sex: | Date of Birth: | Relationship: |
| | | | |
| | | | |
| | | | |

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/Power of Attorney/NCR/Health Care Directive

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

If you are applying for integrated supportive housing (CV4) or 24/7 supportive housing please ensure that you have completed the supplementary application as well. If applying for Portable Housing Benefit please use PHB application form.

If you have housing related questions, please call 204-325-5355. Please forward completed applications electronically or by mail to:

Email address: housing@edenhealthcare.ca

Mailing address: Eden Housing and Supports
PO Box 129
Winkler, MB
R6W 4A4

Eden Residential Care Services Housing and Supports Program

Winkler

Linden Place: Linden Place is a transitional group home program located in the community of Winkler, Manitoba with the capacity for up to eight residents. The program focuses on psychosocial rehabilitation, building life skills, and fostering positive relationships. The program provides a structured 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.

Enns Courts: Enns Court apartments provides 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.

Community Choices: Community Choices is a daily program based out of Enns Court. 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: The Community Wellness Initiative program is 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, hoarding or conflict with other tenants.

Steinbach

Penfeld Courts:

Penfeld Court is 24-unit apartment that provides quality, safe and affordable housing for individuals or families with mental health needs in the South Eastman community. Penfeld Court provides rent geared to income and affordable housing rates.

Wilson Courts: Wilson Court is 24-unit apartment that provides quality, safe and affordable housing for individuals or families with mental health needs in the South Eastman community. Wilson Court provides rent geared to income housing to those in need. Wilson Courts, East, and West, consists of two buildings. Each building consists of eight bachelor suites, and four one-bedroom suites.

Mental Health Outreach (Positive Living Program): The Mental Health Outreach program has historically been offered in Steinbach, this was previously known as the Positive Living Program. At this time, this program is on hold. We are currently revisiting the program and hope to offer it again in the future.

Winnipeg

The Supportive Housing Program at Concordia Village IV 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 work alongside participants in their recovery journey. Group programming runs Monday to Friday and provides an opportunity for skill building and finding meaningful routine. (Onsite Support offered 40hrs/week Monday-Friday)

Concordia Village IV Independent Housing: Concordia Village IV is an integrated, affordable Manitoba Housing apartment complex located in Winnipeg 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.