



a project of St. Matthews Non Profit Housing Inc.  
641 St. Matthews Avenue  
[www.thewestendcommons.ca](http://www.thewestendcommons.ca)

The *WestEnd Commons* is a welcoming, multi-generational, secular, non-profit housing complex. We welcome all types of families including newcomers to Canada, Aboriginal families, and families with mental health or other challenges. In the *WestEnd Commons* we respect people of all faiths, including those with no faith commitment.

The founding principle of St. Matthews Non-Profit Housing Inc. is a respect for the human dignity and rights of each person and a desire for the well-being of the children, women and men who call the *WestEnd Commons* home.

## OUR VISION

Together we are creating a collaborative community of hope, joy and strength in West Central Winnipeg based on mutual support, dialogue and caring. Together we will work towards the best possible future for each person and together we will celebrate as each person's capacity is developed and strengthened.

We are a smoke free facility.  
Some pets are allowed with pet deposits. Please discuss this with us.

**Applications may be brought to our office at 641 St. Matthews or emailed to:  
[office@thewestendcommons.ca](mailto:office@thewestendcommons.ca)**



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# APPLICATION FOR HOUSING

Eligibility for housing is in part determined by income and household size.  
Adults currently living at separate residences or roommates require separate applications.  
Rent is calculated based on gross income.

## INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED

Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupied Since: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Reason for Vacating: \_\_\_\_\_

Previous Address: \_\_\_\_\_

(IF ABOVE IS LESS THAN 3 YEARS)

Previous Landlord: \_\_\_\_\_ Occupied from: \_\_\_\_\_ to \_\_\_\_\_

Phone: \_\_\_\_\_

Are you already a part of this neighbourhood in **West Central Winnipeg**:

- ⤴ Do your children go to school here? No Yes – which school \_\_\_\_\_?
- ⤴ Do you work here? No Yes
- ⤴ Do you volunteer here? No Yes
- ⤴ Are your friends or family here? No Yes
- ⤴ Did you used to live here? No Yes

Do you work, volunteer or participate in organizations or programs at the **WestEnd Commons?** No Yes – which ones? \_\_\_\_\_

# FAMILY SIZE AND INCOME INFORMATION

<p><b>INCOME INCLUDES:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Salary or wages over the past 12 months.</li> <li><input type="checkbox"/> Commissions/fees/pensions.</li> <li><input type="checkbox"/> Part-time work.</li> <li><input type="checkbox"/> Unemployment insurance/social allowances.</li> <li><input type="checkbox"/> Sick benefits/compensation.</li> <li><input type="checkbox"/> Support payments.</li> <li><input type="checkbox"/> Investment income.</li> </ul>	<p><b>INCOME DOES NOT INCLUDE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child tax benefit.</li> <li><input type="checkbox"/> Earnings of dependents attending school full-time.</li> <li><input type="checkbox"/> Travel allowance.</li> <li><input type="checkbox"/> Shelter allowances for family/elderly renters (safer/saffr).</li> <li><input type="checkbox"/> Capital gains such as insurance settlements, inheritances, disability awards, sale of effects.</li> </ul>
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NAME (Include: applicant, all adults & children in household)	BIRTHDATE			SEX		RELATIONSHIP	TOTAL MONTHLY INCOME	SOCIAL INSURANCE NUMBER
	D	M	Y	M	F			
						SELF		

What unit size do you require?    1 Bdrm    2 Bdrm    3 Bdrm    4 Bdrm

Are you expecting a change in your family size any time soon?    Yes    No

If yes, when? In what way? \_\_\_\_\_  
 \_\_\_\_\_

Does anyone in your family have a disability or health problem?    Yes    No

If yes, please specify \_\_\_\_\_

Please check: Canadian Citizen \_\_\_\_\_ Landed Immigrant \_\_\_\_\_ Other \_\_\_\_\_

Do you require subsidy?    Yes    No

We only have limited parking space. Do you have a car?    Yes    No

Would you like to be on a parking wait list?    Yes    No

Did anyone refer you?    No; if Yes, who? \_\_\_\_\_

(NAME AND AGENCY)

# EMPLOYMENT/INCOME INFORMATION

## ADULT APPLICANT 1:

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

### OR

Income Assistance Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### OR

Settlement Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

### OR

Other, Describe: \_\_\_\_\_

## ADULT APPLICANT 2:

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

### OR

Income Assistance Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### OR

Settlement Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

### OR

Other, Describe: \_\_\_\_\_

Additional information you feel is relevant to your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



WestEnd Commons  
641 St. Matthews  
Winnipeg, MB  
R3G 0G6  
204-414-1510

Email:office@thewestendcommons.ca

I/We declare the above information contained herein to be true and correct and hereby authorize St. Matthews Non Profit Housing, Inc. employees and agents to conduct such personal investigations as may be required to process this application, verify my/our continuing eligibility, and recover any indebtedness arising hereunder.

I/We hereby consent to the collection, use, retention and disclosure of the personal information provided to St. Matthews Non Profit Housing, Inc. in this application for the following purposes:

To carry out its normal business operations, including eligibility for housing. Where another business performs a service for St. Matthews Non Profit Housing, Inc., normal business operations would include disclosure by St. Matthews Non Profit Housing, Inc., to that other business of that portion of my personal information that it requires in order to perform the service.

To satisfy legal or regulatory requirements.

I/We acknowledge that St. Matthews Non Profit Housing, Inc. may divulge information from my tenancy file in accordance with the provisions of the Personal Information Protection of Electronic Documents Act (PIPEDA). In the event that I have any specific requirement for confidentiality of such information, I will advise St. Matthews Non Profit Housing, Inc. in writing.

I/We am/are authorized to disclose to St. Matthews Non Profit Housing, Inc. all personal information relating to other individual(s) disclosed herein and to consent on behalf of such individual(s) to the collection, use, disclosure and retention of personal information relating to such individual(s) as provided for herein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, in the City of Winnipeg.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**PLEASE RETURN COMPLETED APPLICATION TO:**

WestEnd Commons  
641 St. Matthews Avenue  
Winnipeg, MB R3G 0G6



WestEnd Commons  
641 St. Matthews  
Winnipeg, MB  
R3G 0G6  
204-414-1510

Email: [office@thewestendcommons.ca](mailto:office@thewestendcommons.ca)  
website: [www.westendcommons.ca](http://www.westendcommons.ca)

## RENTAL REFERENCE RELEASE FORM

I, \_\_\_\_\_ of \_\_\_\_\_  
give permission for St. Matthews Non Profit Housing, Inc. to provide/obtain a rental reference to/from  
any prospective/previous/current landlord. I understand that the following information will be discussed:

**TENANT/APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

- How much was rent?  
\_\_\_\_\_
- Was rent paid on time? If No, how often was it late?  
Yes  No  \_\_\_\_\_
- Period of tenancy  
From \_\_\_\_\_ to \_\_\_\_\_
- Was proper notice to vacate given? If No, how much notice was given?  
Yes  No  \_\_\_\_\_
- Has tenant had any NSF cheques?  
Yes  No
- If utilities were paid directly by the tenant, were they paid on time?  
Yes  No  Unknown
- Number of notices issued for unpaid or late payments during residency?  
\_\_\_\_\_
- How would you rate the tenant's payment history overall?  
Good  Fair  Poor
- Have there been any complaints of nuisance and disturbance? If Yes, please describe.  
Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
- Was the unit well kept inside and out? If No, please describe.  
\_\_\_\_\_  
\_\_\_\_\_
- Has the tenant received any evictions/terminations? If Yes, for what?  
Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
- Has the tenant been treated for bed-bugs in the last 6 months?  
Yes  No
- Were there charges after the tenant vacated?  
Yes  No
- Would you rent to the tenant again?  
Yes  No

**COMPLETE BY:**

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_