



a project of St. Matthews Non Profit Housing Inc.
641 St. Matthews Avenue
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 and pet free facility.

All applications must be submitted to S.A.M. (Management) Inc., 425 Elgin



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



425 Elgin Avenue
Winnipeg MB R3A 1P2
TEL: (204) 942-0991
FAX: (204) 957-5829

email: admin@sam.mb.ca
website: www.sam.mb.ca

DECLARATIONS

I/We declare the above information contained herein to be true and correct and hereby authorize S.A.M. (Management) Inc.'s 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 S.A.M. (Management) 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 S.A.M. (Management) Inc., normal business operations would include disclosure by S.A.M. (Management) 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 S.A.M. (Management) 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 S.A.M. (Management) Inc. in writing.

I/We am/are authorized to disclose to S.A.M. (Management) 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:

S.A.M. (MANAGEMENT) INC.

425 Elgin Avenue
Winnipeg, Manitoba R3A 1P2

Phone: (204) 942-0991

Fax: (204) 957-5829

Email: admin@sam.mb.ca

www.sam.mb.ca



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RENTAL REFERENCE RELEASE FORM

I, _____ of _____
give permission for S.A.M. (Management) 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

COMPLETED BY (please print) _____

Title: _____ Company: _____

Phone: _____ Fax: _____