

Manitoba Housing - Rental Application form - 285 Pembina Hwy, Wpg, Mb

Household Member Information

Please provide personal information below for all the people who will live in the household including you-- the applicant

Last Name	First Name	Relation to Applicant	Date of Birth	Gender	Status in Canada
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Is any member of your household pregnant?

Will you share a bedroom with another household member?

Applicant Contact Information

Home Address

Phone Number

Mailing Address

If different from HomeAddress

Alt Phone Number

If you want another person as the main contact for your application, please provide the following information.

Contact Name:

Phone Number:

Organization:

What is your preferred language?

Income

Income Source

Applicant

Co-Applicant

Employment or Employment Insurance

Worker's Compensation

Self Employment Income

Retirement Income (CPP, OAS, Pension, RRSP)

Alimony and Child Support

Veterans Affairs

Employment & Income Assistance

Other Income

Total Gross Monthly Income

EDUCATION AND TRAINING

Are you or your co-applicant currently enrolled in a:

Degree or diploma program

or

Skills development course

College or University _____

Agency _____

Program _____

Course _____

Please provide proof of enrolment from the institution or agency.

SPECIAL CIRCUMSTANCES

Please answer the following questions. If you check "Yes", you will need to provide the required documents listed beside the question when you submit your application.

The Medical Information and Housing Details form are located on page 7 & 8. You need to have these forms completed only if any of the situations below apply to you.

Are you:

Required document

Homeless? (living in a shelter, on the street or in the hospital)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form
Temporarily sheltered and at risk of homelessness? (staying at family or friends, hotel, hostel or transitional immigration centre)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form
A single parent or individual with a disability who is being forced to leave their current home within the next three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form <u>and</u> notice to vacate from current landlord
Needing to move due to family separation, loss of a caregiver or unsafe housing conditions for your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form
Needing to move to be closer to work, school, child care or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form
Needing to move due to your medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Information Form
Disabled and unable to work or take training for 12 months or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Information Form <u>or</u> a medical assessment
Requiring accessible housing to accommodate household members with physical disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Information Form
Needing better housing in order to retain or regain custody of your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Letter from your Child & Family Services worker

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