



529 Country Club Boulevard Inc. Rental Application Form

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 DD/MM/YY	Gender	Status in Canada

Home Address

Phone #

Cell #

Work #

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

Contact Name:

Phone Number:

Organization:

Do you: Own Rent Live with Family

What is your rent or mortgage payment

Do you need Parking?

Do you have Pets?

Rental History

Please provide at least 2 rental histories for each of the applicants

Address Contact person for landlord Phone Date From

Date To

Address Contact person for landlord Phone Date From

Date To

Was this Manitoba Housing:

Income Monthly

Income Source

Applicant

Co-Applicant

Employment

Self Employment Income

Employment Income Assistance

Disability Income

Retirement Income - CPP

Retirement Income - OAS

Pension, RRSP,RRIF

Alimony

Other Income

Total Gross Monthly Income

Please list total net value of any assets:

Savings, Investments, Property

Medical Information is Voluntary

Do you have any health problems Bethania needs to be aware of?

Will you have Homecare

Next of Kin or Contact Person:

Name:

Phone: Home

Cell:

Work:

Relationship:

Name:

Phone: Home:

Cell:

Work:

Relationship:

If you receive Employment & Income Assistance, please provide the following information:

Case #

Worker

Phone Number:

SPECIAL CIRCUMSTANCES

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

Are you:

Homeless? (living in a shelter, on the street or in the hospital)		
Temporarily sheltered and at risk of homelessness? (staying at family or friends, hotel, hostel or transitional immigration centre)		
An individual with a disability who is being forced to leave their current home within the next three months?		
Needing to move due to family separation, loss of a caregiver or unsafe housing conditions?		
Needing to move due to medical conditions?		
Disabled and unable to work for 12 months or longer?		
Requiring accessible housing to accommodate household members with physical disabilities?		
If this application is being submitted on behalf of a person who is <u>registered with the Public Trustee</u> Contact Name and phone #:		

Once form is complete, click on the **Email Building Manager** button to send the application.