



# 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Date To
			<input type="text"/>

Address	Contact person for landlord	Phone	Date From
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Date To
			<input type="text"/>

Was this Manitoba Housing:

**Income Monthly**

**Income Source**

**Applicant**

**Co-Applicant**

Employment	<input type="text"/>	<input type="text"/>
Self Employment Income	<input type="text"/>	<input type="text"/>
Employment Income Assistance	<input type="text"/>	<input type="text"/>
Disability Income	<input type="text"/>	<input type="text"/>
Retirement Income - CPP	<input type="text"/>	<input type="text"/>
Retirement Income - OAS	<input type="text"/>	<input type="text"/>
Pension, RRSP,RRIF	<input type="text"/>	<input type="text"/>
Alimony	<input type="text"/>	<input type="text"/>
Other Income	<input type="text"/>	<input type="text"/>
<b>Total Gross Monthly Income</b>	<input type="text"/>	<input type="text"/>

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

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

**Email Building Manager**

Reset Form