# Fred Tipping Place

 **Rental Application Form**

 **Office: 112 – 601 Osborne Street, Winnipeg, MB, R3L 2P9**

 **Office Phone: (204) 453 8273**

###  Household Member Information

Relation to Date of Birth

 Status in

Last Name First Name

Applicant

DD/MM/YY

 Canada

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

Home Address

Phone *#*

Cell *#*

 Email

**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 $ per month

Do you need Parking? Do you have Pets?

###  Rental History

 Please provide 2 rental histories for each applicant

Contact person for landlord

Current Address

Phone

Date From

Date To

Previous Address Contact person for landlord Phone Date From

Date To

### Income Source

**Income Monthly**

 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**

### 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:

### Please provide 2 contacts.

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 say "**Yes**", you may need to provide, later, further information about your situation.

|  |  |
| --- | --- |
| Homeless or temporarily sheltered? (living in a shelter, on the street, in the hospital) |  |
| Needing to move due to family separation, loss of a caregiver or unsafe housing conditions? |  |
| Needing to move due to medical conditions? |  |
| Requiring accessible housing to accommodate physical disabilities? |  |
| Is this application being submitted on behalf of a person who is registered with the Public Trustee? |  |
| Contact Name and phone #: |  |

 Our facilities are tailored to the needs of Senior residents.

Applicants need to be independent in carrying out their activities of daily living and/or able to make all necessary arrangements for services/supports to live independently within the facility.

I/We hereby declare that the preceding information is true and complete. We understand that any false information may result in refusal of my application.

We authorize the Bethania Group to obtain verification of the above information and perform any necessary credit or rental reference checks. In agreeing to these terms, I hereby consent to the use or disclosure of the personal information contained in this application for the purpose of a rental tenancy.

Signature of Applicant/s Date

Print Name

Signature of Applicant/s Date

Print Name

601 Osborne Street has a subsidized rental program.

To be eligible for the subsidy all tenants are required to provide a copy of their Income Tax Assessment/Benefit Letter to verify income.

This is mandatory for tenancy.

This can be obtained by calling revenue Canada or printing from your online tax account.

|  |  |  |
| --- | --- | --- |
| Unit Size | **Social Housing Program** | **Affordable Housing Program** |
|  | RentalRate | Income Limit | Rental Rate | Income Limit |
| Bachelor | RGl@30% | 31,000 | $774 | 67,000 |
| 1-Bedroom | RGl@30% | 44,000 | $1102 | 90,500 |

**EXAMPLE:** If you live in a **bachelor** apartment and your annual income is below

$31,000, your rent will be assessed at 30% of gross income (Line 15000) on your tax

 assessment. If your income is over $31,000 your income will be charged the

 Affordable rate of $774.00.