



OFFICE USE ONLY
Date Received:
Application Type: <input type="radio"/> Subsidized <input type="radio"/> Market
Housing Type: <input type="radio"/> Seniors 55+ <input type="radio"/> Family <input type="radio"/> Single

APPLICATION FOR HOUSING

PLEASE NOTE: Applications expire after two years; applicants must re-apply should they continue to require housing.

SECTION 1: CONTACT INFORMATION

Applicant Information	Co-Applicant Information
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:
Mailing Address:	Mailing Address:
Date of Birth:	Date of Birth:
SIN:	SIN:

SECTION 2: CONFIRMATION OF IDENTIFICATION

All applications must include valid government issued photo ID and Manitoba Health Card.

Acceptable documents for government issued photo ID include:

1. Driver’s license
2. Manitoba ID card
3. Passport photo
4. Immigration status certificate (IMM 1000, 5292 or 5688)



200 – 1080 Portage Avenue
 Winnipeg, MB R3G 3M3
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 Fax: (204) 957-5829
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SECTION 3: PLEASE INDICATE WHICH PROPERTIES YOU ARE INTERESTED IN

<u>55+ SENIOR HOUSING</u>	<u>FAMILY HOUSING</u>	<u>SINGLE PERSON & COUPLES</u>
Hamilton House (475 Hamilton Avenue)	1321 Beaumont Street	26 Gaylene Place
Legion Gardens* (675 Talbot Avenue)	617 – 631 Dufferin Avenue	60, 62 & 64 Glen Meadow
Legion Crest Apartments* (819 Grant Avenue)	200 Good Street	21 Newdale Avenue
Legion Tower* (270 Rue Kenny Street)	26 Gaylene Place	
Monash Manor (865 Sinclair Street)	60, 62 & 64 Glen Meadow	
Richmond Gardens (2900 Pembina Highway)	21 Newdale Avenue	
Swedish Canadian Home (5419 Roblin Boulevard)		

1st selection: _____

2nd selection: _____

Do you require parking? Yes No

Do you have any mobility concerns? Yes No

Do you have any pets? Yes No

Does anyone in your household smoke? Yes No

***Legion Housing** applicants must be a veteran, spouse of a veteran or hold a valid Canadian Legion Membership.

Veteran: Unit No.: _____ Regimental No.: _____ Length of Service: _____ Place of Service: _____

Legion Member: Member No.: _____ Branch No.: _____ No. of Years as a Member: _____

Widow or Widower of Veteran: Spouse's Full Name: _____



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SECTION 4: OCCUPANTS AND INCOME INFORMATION

List all individuals who will be residing in the household (continue on back of application if more space is needed).

FIRST & LAST NAME	DATE OF BIRTH	SIN	RELATIONSHIP TO APPLICANT	INCOME SOURCE (List all types)*	TOTAL MONTHLY INCOME
			SELF		
Total:					

The following income verification documentation will be required to be provided to our office upon acceptance of an available suite.

For Rent-Geared-to-Income (RGI) or Manitoba Housing Subsidized suites, the following will be required to be submitted for each household member over the age of majority:

1) **CRA Proof of Income Statement**

To obtain your certified Proof of Income statement from Canada Revenue, you can:

- a. Call CRA at **1-800-267-6999**
- b. Login to *My Account* at www.canada.ca

2) **Income Verification**

Acceptable Documents Include:

- a. Letter of Employment on company letterhead
- b. EIA Budget Letter
- c. Three consecutive pay statements

For Market Rent Units, the following will be required to be submitted for each applicant/lessee:

1) **Income Verification**

Acceptable Documents Include:

- a. Letter of Employment on company letterhead
- b. Three consecutive pay statements
- c. Two consecutive bank statements showing incoming payroll deposits



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SECTION 5: PAST RENTAL HISTORY

Please list all past addresses within the last 10 years (continue on back of application if more space is needed):

1. Rental address: _____ Rent amount: _____ Utilities included: _____

Name of Landlord/Management Company: _____ Phone number: _____

Reason for vacating: _____

2. Rental address: _____ Rent amount: _____ Utilities included: _____

Name of Landlord/Management Company: _____ Phone number: _____

Reason for vacating: _____

3. Rental address: _____ Rent amount: _____ Utilities included: _____

Name of Landlord/Management Company: _____ Phone number: _____

Reason for vacating: _____

SECTION 5: CONSENT TO RELEASE CERTIFIED INCOME TAX INFORMATION

The undersigned consents to the release of personal income tax information by the *Canada Revenue Agency* to *S.A.M. (Management) Inc.* This information will be relevant too, and used solely for, verification of eligibility for government-subsidized rental housing under *The Housing and Renewal Corporation Act of Manitoba*. This authorization is valid for information regarding the previous two tax years, the current tax year, and each tax year thereafter while tenancy is maintained with *S.A.M. (Management) Inc.* The undersigned also understands they may withdraw this consent at any time by submitting their request in writing to *S.A.M. (Management) Inc.*

Applicant Name (print)

Applicant Signature

Date

Co-applicant Name (print)

Co-applicant Signature

Date



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SECTION 6: DECLARATIONS AND TERMS OF ACCEPTANCE

The undersigned hereby declares the information contained in this application is true and correct. Signing this document authorizes *S.A.M. (Management) Inc.* employees and agents to conduct such personal investigations as may be required to process this application, as well as to verify continuing eligibility for government programs. Such investigations may include, but are not limited to, conducting Landlord Reference checks, Residential Tenancies Branch Orders system searches, Court of the King's Bench searches, and Credit checks. *S.A.M. (Management) Inc.* reserves the right to recover any indebtedness arising hereunder.

The undersigned further acknowledges *S.A.M. (Management) Inc.* may divulge information from the tenancy file, in accordance with the provisions of the *Personal Information Protection of Electronic Documents Act* (PIPEDA). In the event specific requirements for confidentiality of such information is present, they will advise *S.A.M. (Management) Inc.* in writing. The undersigned also consents to the collection, use, retention, and disclosure of personal information, including information related to other individuals disclosed herein, and consent on behalf of such individuals, provided to *S.A.M. (Management) Inc.*, in this application for the following purposes:

- 1) To carry out normal business operations, including verification of eligibility for housing, and where another business performs a service on behalf of *S.A.M. (Management) Inc.*, and normal business operations require disclosure of personal information to that other business to perform the service.
- 2) To satisfy legal or regulatory requirements.

Signing this document constitutes legal confirmation the applicant(s) acknowledges and agrees to the above terms.

Applicant Name (print)

Applicant Signature

Date

Co-applicant Name (print)

Co-applicant Signature

Date



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RENTAL REFERENCE RELEASE FORM

Please sign & date below. Our office will provide the bottom section of this form to your past landlord(s).

The undersigned hereby authorizes S.A.M. (Management) Inc. to obtain any previous, prospective, or current landlord references for the purpose of determining leasing suitability and understands the below information will be discussed.

Applicant Name (print) _____ Applicant Signature _____ Date _____

Co-applicant Name (print) _____ Co-applicant Signature _____ Date _____

Rental unit address: _____ Number of occupants: _____

Period of Tenancy: _____ to _____ Proper notice provided? Yes No

Rent amount: \$ _____ Utilities included: _____

Rent paid on time? Yes No If no, how many late payments: _____ Any NSF fees? Yes No

Number of notices issued for late or unpaid rent: _____ Overall payment history? Good Fair Poor

Nuisance & disturbance complaints? Yes No If yes, please describe: _____

Eviction or termination notices? Yes No If yes, please describe: _____

Was the unit well maintained? Yes No If no, please describe: _____

Treatment for pests during tenancy? Yes No If yes, was the unit properly prepped? Yes No

Tenant chargebacks after vacating? Yes No If yes, total tenant chargeback amount: \$ _____

Would you rent to the tenant again? Yes No

REFERENCE COMPLETED BY (please print): _____ **Position:** _____

Company: _____ **Email:** _____ **Phone:** _____