

APPLICATION FOR HOUSING AND SUPPORTS
The Bridge at 224 Woodhaven Ave., Steinbach MB

Applicant

Co-Applicant

Name:	Co-Applicant Name:
Current Address:	Co-Applicant Current Address:
Phone Number:	Phone Number:
Email Address:	Email Address:
Date of Birth:	Date of Birth:
Preferred Pronouns:	Preferred Pronouns:
Source of Income: EIA Employment: _____ (employer's name/business) Other: _____	Source of Income: EIA Employment: _____ (employer's name/business) Other: _____
Citizenship Status (Please select one) <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Refugee <input type="radio"/> Other: _____	Citizenship Status (Please select one) <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Refugee <input type="radio"/> Other: _____

Please submit proof of income with your application. This could be a copy of your EIA budget letter, copy of your income tax summary or Option C proof of income for all people in your household.

Unit required (please select one):

___ Bachelor suite

___ One bedroom suite

___ Accessible 1 bedroom suite

Parking required (Please select one)

___ None

___ 1 spot

___ 2 spots

Smoking inside the apartment is not permitted. Please smoke outside the building or on the balcony. Please Initial that you understand and agree to the smoking policy _____

1 pet per unit is permitted but must be approved prior to signing a lease agreement. A pet deposit is required. Do you have a pet? (please select one)

- None
- Cat
- Dog: breed _____
- Other: _____

Have you ever been evicted? Yes No

If yes, provide an explanation.

Rental History

Name of Landlord	Contact number
Current address	
Move out date:	Permission to Contact Landlord: Yes No
Reason for Leaving	
Name of Landlord	Contact number
Previous address	
Move out date:	Permission to Contact Landlord: Yes No
Reason for Leaving	

Name of Landlord	Contact number
Previous address	
Move out date:	Permission to Contact Landlord: Yes No
Reason for Leaving	

In this section we are asking about circumstances that may affect your need for housing. Please select all that apply:

- Living in a homeless shelter
- Temporarily living with family/friends/hotel
- Living on the street
- Living in second stage housing
- Youth aging out of care
- Living in a crisis center
- Current home destroyed by fire/flood
- Current home unsuitable living conditions (i.e. mold, bug infestation, etc.)
- Need accessible housing due to physical disability
- Individual with a disability forced to leave parental home as parent can no longer provide support
- Experiencing a relationship separation and being forced to find new housing
- Need to move closer to supportive services
- Being discharged from a medical facility with no place to live
- Being released from correctional facility with no place to live
- Other: _____

Collection, Use and Disclosure of Personal Information and Personal Health Information

Your personal information and personal health information is collected by Steinbach Community Outreach and used to determine your eligibility for rental housing and any tenancy which may eventually result from this application. Your personal information is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and, if applicable, The Personal Health Information Act (PHIA). In this form, words in the singular include the plural and words in the plural include the singular.

I consent to Steinbach Community Outreach sharing any personal information and personal health information relating to me or my dependents with other government departments, external agencies or other providers of housing or services to confirm on-going eligibility for rental housing, and to determine

my housing needs. I understand that this information is kept on file in accordance with Manitoba legislation. I authorize any person, agency or organization to release or exchange information for that purpose. I understand this consent includes requests pertaining to my marital status, employment, income, assets and liabilities, medical condition, family status, benefits received under other programs or any other relevant personal information. I understand this includes Steinbach Community Outreach conducting a personal investigation including past and present landlord reference checks, income verification and utility checks. A copy or facsimile of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure or exchange of information

Declaration

I understand that this application is not an agreement on the part of Steinbach Community Outreach to provide me with housing. I acknowledge that, once submitted, this application becomes the property of Steinbach Community Outreach.

I certify that the information given in this document is true, correct, and complete in every respect. It fully discloses my income from all sources. If something is incorrect or not true, I understand that Steinbach Community Outreach may cancel my application or take any other measures deemed to be appropriate.

I have read and accept all terms and conditions of the Consent and Declaration section.

_____	_____	_____
Applicant name (print)	Applicant signature	Date

_____	_____	_____
Co-applicant name (print)	Co-applicant signature	Date

For those applicants signing with an "X", a witness must sign below:

_____	_____	_____
Witness name (print)	Witness signature	Date

Please forward completed applications electronically or by mail to:

E-mail address: steinbachoutreach@gmail.com

Mailing address: The Bridge, 345 Loewen Blvd, Steinbach MB R5G 0L1