**APPLICATION FOR HOUSING**

APARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ POWERS STREET. UNIT NUMBER:\_\_\_\_\_\_

Preference 1080\_\_\_\_ 1084 \_\_\_\_ (Non subsidized)

Occupancy: ASAP: \_\_\_\_ 1.5 years: \_\_\_\_ Future Planning:\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUIRED FROM ALL APPLICANTS:**

**HOUSEHOLD INFORMATION**

**NAME OF APPLICANT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_

**NAME OF CO-APPLICANT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_

**PHONE #:**

**ADDRESS:** CITY/TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL CODE\_\_\_\_\_\_\_\_\_

**NAME OF CONTACT AND PHONE NUMBER IF OTHER THAN APPLICANT**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU A CANADIAN CITIZEN? YES NO

If no, please explain your immigrant status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or is any member of your household, physically handicapped? Yes No

If yes, please describe nature of handicap: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INCOME**

1084 Powers apartments are straight rent and this information is not necessary for 1084.

1080 Powers apartments are subsidized housing units and therefore the following financial information is required if applying for 1080.

What is your total gross annual household income, from all sources before deductions (includes income from employment, social assistance, pension, income from interest and investments). (For subsidized housing only)

Investments $\_\_\_\_\_\_\_\_\_\_\_ Salary $\_\_\_\_\_\_\_\_\_\_\_\_

Self Employment $\_\_\_\_\_\_\_\_\_\_\_ Pension $\_\_\_\_\_\_\_\_\_\_\_

CPP $\_\_\_\_\_\_\_\_\_\_\_ OAS $\_\_\_\_\_\_\_\_\_\_\_\_

Social Assistance $\_\_\_\_\_\_\_\_\_\_\_ Other $\_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly $\_\_\_\_\_\_\_\_\_\_\_ Total Annual $\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE REFERENCES from previous living situations**:

Reference # 1: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference # 2: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that the above information is correct and accurate to the best of my knowledge. I understand that this application does not constitute an obligation to provide me with accommodation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

Further information or assistance in completing this application can be obtained by calling Roy Hardie at Luther Home (204)-336-5391 or rhardie@lutherhome.mb.ca