

Winnipeg Housing Rehabilitation Corporation

Housing Application Form



In all cases provide a certified copy of last year's income tax (available from Revenue Canada at 1-800-959-8281).

Payment History WHRC requests that you provide us with a credit history. Applications for your credit history from Trans Union are available on this site.

If you work provide a letter from your employer indicating your gross monthly income; this is to be provided for each employed member of the household.

If you are on Income Assistance provide a print-out of your budget from Income Assistance indicating the office address, workers' names, and phone numbers.

If you are approved and housed, and receiving Income Assistance benefits, please arrange with your caseworker as soon as possible for the **RENT PORTION TO BE PAID DIRECTLY** to WHRC at the address provided below.

Return all documents to:
Winnipeg Housing Rehabilitation Corporation
104-60 Frances Street
Winnipeg, Manitoba
R3A 1B5

PLEASE NOTE:

Persons Not Holding A Canadian Citizenship are required to provide WHRC with a record of landing immigration (IMM 1000 or IMM 1442) for each family member.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FAMILY INFORMATION

For applicants on Social Assistance

Worker's Name _____

Provincial or City Social Assistance? _____ Worker's Phone _____

Information about yourself and your family

Please read carefully. Write below your own name, income, etc. and also the name(s) and income(s) etc. of all persons who will be living with you. Do not include the Child Tax Benefit. If you are receiving Provincial Social Assistance (Welfare or Mother's Allowance), be sure to add the amount paid for your rent to other income you receive. If your income varies from month to month, calculate total income for a year and divide by twelve to give average monthly income. Income you receive from salaries, wages (per hour or per week), pensions, employment insurance, maintenance agreements, sick benefits, compensation, commissions, fees, part-time work, etc. must be reported in full.

Marital Status Married Separated Divorced
 Widow(er) Common Law Single

Name	Birthdate	Male	Female	Relationship	Gross Monthly Income

Is a baby expected? Yes ____ No ____ If "Yes", when? _____

Next of Kin: (to be contacted in case of emergency)

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

PLEASE ATTACH PAY STUBS OR E.I. STUBS

EMPLOYMENT INFORMATION

HEAD Employment Status Employed E.I. Social Assistance

Other, describe _____

Present employer (if applicable)

Name _____ How long? _____

Address _____

Previous employer (if applicable)

Name _____ How long? _____

Address _____

SPOUSEEmployment Status Employed E.I.

Other, describe _____

Present employer (if applicable)

Name _____ How long? _____

Address _____

Previous employer (if applicable)

Name _____ How long? _____

Address _____

How many parking spaces do you require: None 1 2

License plate number(s) _____

Is a member of your family handicapped? Yes No

If you answered "Yes", describe the handicap _____

FINANCIAL INFORMATIONDo you own or share ownership in your present residence: Yes No

If "No", how much monthly rent do you pay? \$ _____

Indicate by "Yes" or "No", which of the following are included in your rent or show cost paid separately from rent:

Heat _____ Hydro _____ Water _____ Fridge _____ Stove _____ Parking _____ Furniture _____

Other _____

ASSETS INFORMATION

- Cash on hand, in bank, or credit union \$ _____
- Stocks, bonds, certificates, securities \$ _____
- Other assets (describe) _____ \$ _____

Total \$ _____

Are you involved in legal action regarding ownership or disposition of real estate? If yes, please provide information.

Do you have a bank account? Yes No If "yes", please provide bank name, branch and account #:**DEBTS**

Owed to (Bank, Credit Union, Loan Company, Credit Cards, etc.)	Amount Owing	Monthly Payment
Total	\$ _____	\$ _____

ALLOWANCES - Do you receive either of these allowances:SAFFR Yes No If "Yes", show amount: \$ _____CRISP Yes No If "Yes", show amount: \$ _____

Give additional information, if necessary, which might help in the consideration of your application.

WHY ARE YOU APPLYING FOR HOUSING?

(if more than one reason, please number by importance)

- Unable to afford present rent
Unable to afford increased mortgage, utilities, taxes
Building being demolished
Leaving at landlord's request
Can no longer stay with family/relations/friends
Family separation
Present place too small
Other (explain)

Listed below are the areas in which we currently have housing. Please indicate which locations may be of interest to you and your family at this time.

Table with 3 columns: Area Name, Yes, No. Rows include Central Park Area, Health Sciences Centre Area, Misericordia Hospital Area, North End Area, Point Douglas Area, Slaw Rebchuk/Salter Bridge, U of W/Hudson Bay Area, West End Area, Osborne Village Area.

FILL IN AND PROVIDE DAMAGE DEPOSIT UPON APPROVAL OF APPLICATION AND UNIT SELECTION

For: Unit ____, Address ____, Possession Date: _____

I make a deposit of \$_____ (cash, money order, Interac transaction, certified cheque) on account of the damage deposit for the above accommodation, subject to the approval of this application by WHRC within five (5) working days, otherwise the said deposit to be refunded in full.

APPLICATION FOR FAMILY HOUSING (confidential)
I DECLARE THE ABOVE INFORMATION TO BE CORRECT

I understand that this application does not constitute an agreement on the part of Winnipeg Housing Rehabilitation Corporation or its agent to provide me with rental accommodation.
I acknowledge that this application becomes the property of Winnipeg Housing Rehabilitation Corporation upon delivery by me to it or its agent.
I further acknowledge the right of Winnipeg Housing Rehabilitation Corporation or its agent at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I HEREBY AUTHORIZE YOU TO CONDUCT A PERSONAL INVESTIGATION.

Dated at Winnipeg this _____ day of _____, 20_____

Applicant's Signature



WINNIPEG HOUSING REHABILITATION CORPORATION

A Non-Profit Charitable Corporation

HOW TO GET YOUR CREDIT HISTORY

You will need to fill out the enclosed form and send it, with photocopies of two pieces of identification, by mail or fax to the address below. Obtaining this information is of no cost to you.

- Medical card
- Passport
- Social Insurance Number
- Drivers License
- Any major Credit Card
- Any type of identification with a signature

MAILING ADDRESS:

Trans Union of Canada, Inc.

201-709 Main Street West

P.O. Box 338 LCD1

Hamilton, Ontario

L8L 7W2

FAX: 1-905-527-0401

YOUR REPLY WILL BE MAILED BACK TO YOU IN 10-15 WORKING DAYS

Please attach the original Trans Union reply form with your WHRC application. WHRC will charge \$10.00 if you require us to undertake this service.

TRANS UNION OF CANADA, INC

CONSUMER RELATIONS – INFORMATION FORM

TO ENABLE OUR CONSULTANTS TO ID YOURSELF AND YOUR FILE PLEASE COMPLETE THIS FORM IN FULL.

PLEASE PRINT

NAME: _____
FIRST MIDDLE LAST

NAME OF SPOUSE: _____ TELEPHONE #: _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____
MONTH/DAY/YEAR

CURRENT ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOW LONG AT THIS ADDRESS?: _____ YEARS _____ MONTHS

PREVIOUS ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOW LONG AT THIS ADDRESS?: _____ YEARS _____ MONTHS

PRESENT OR PREVIOUS EMPLOYER: _____

HOW LONG?: _____

WERE YOU REFUSED CREDIT?: YES _____ NO _____

IF YES, PLEASE LIST:

NAME OF COMPANY: _____ CONTACT: _____

TELEPHONE #: _____ FAX #: _____

I AM THE PERSON NAMED ABOVE AND I UNDERSTAND THAT I COULD BE PROSECUTED UNDER FEDERAL OR PROVINCIAL LEGISLATION FOR OBTAINING INFORMATION FROM A CONSUMER REPORTING AGENCY BY FRAUDULANT MEANS OR UNDER FALSE PRETENCES.

SIGNED _____ DATE _____

FOR OFFICE USE ONLY

OPERATOR: _____ CODE: _____ DATE: _____

REGULAR: _____ RUSH: _____ TIME: _____

ID 1: _____ ID 2: _____