



285 Pembina Hwy Inc. Rental Application Form

Household Member Information

Please provide personal information below for all the people who will live in the household including you the applicant

Last Name	First Name	Relation to Applicant	Date of Birth DD/MM/YY	Gender	Status in Canada
		-		-	-
		-		-	-

Home Address

Phone Number

Cell Number Work Number

If you want another person as the main contact for your application, please provide the following information.

Primary Contact:

Phone Number: Relationship

Secondary Contact:

Phone Number: Relationship

Family Support System

Spouse	<input style="width: 100%;" type="text"/>	In Winnipeg	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input style="width: 100%;" type="text"/>	In Winnipeg	<input type="checkbox"/>	<input type="checkbox"/>
Sibling(s)	<input style="width: 100%;" type="text"/>	In Winnipeg	<input type="checkbox"/>	<input type="checkbox"/>
Nieces/Nephews	<input style="width: 100%;" type="text"/>	In Winnipeg	<input type="checkbox"/>	<input type="checkbox"/>
Grandchildren	<input style="width: 100%;" type="text"/>	In Winnipeg	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input style="width: 100%;" type="text"/>	In Winnipeg	<input type="checkbox"/>	<input type="checkbox"/>

Occupation:

Education and Training

Are you or your co-applicant currently enrolled in a:

Degree or Diploma Program

Skills Development Course

College or University

Agency

Program

Course

Please provide proof of enrolment from institution or agency.

Preferred Language

Do you: Own Rent Live with Family

What is your rent or mortgage payment

Do you need Parking?

Do you have Pets?

Rental History

Please provide at least 3 rental histories for each of the applicants

Address	Contact person for landlord	Phone Number	Date From and To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Were any of these address a Manitoba Housing property:

Income Monthly

Income Source	Applicant	Co-Applicant
Employment or Employment Insurance	<input type="text"/>	<input type="text"/>
Worker's Compensation	<input type="text"/>	<input type="text"/>
Self Employment Income	<input type="text"/>	<input type="text"/>
Veteran Affairs	<input type="text"/>	<input type="text"/>
Employment or Income Assistance	<input type="text"/>	<input type="text"/>
Other Income	<input type="text"/>	<input type="text"/>
Total Gross Monthly Income	<input type="text"/>	<input type="text"/>

Please list total net value of any assets:
Savings, Investments, Property

If you receive Employment & Income Assistance, please provide the following information:

Case # Worker Phone Number:

Medical Information is Voluntary

Do you have any health problems Bethania needs to be aware of?

Medical Diagnosis

Mental Health

Does Applicant have Dementia?

Diabetic?

Current Homecare Services

Hours per day/week

Name of Case Coordinator

Services Recieved

Who provides transportation to Medical Appointments

What is the name of all Physicians involved?

Name	<input type="text"/>	Phone Number	<input type="text"/>	Type of Physician	<input type="text"/>
Name	<input type="text"/>	Phone Number	<input type="text"/>	Type of Physician	<input type="text"/>
Name	<input type="text"/>	Phone Number	<input type="text"/>	Type of Physician	<input type="text"/>

SPECIAL CIRCUMSTANCES

Please answer the following questions. If you check "Yes", you may need to provide at a later date the required documents listed beside the question when you submit your application.

Are you:

Homeless? (living in a shelter, on the street or in the hospital)	-	
Temporarily sheltered and at risk of homelessness? (staying at family or friends, hotel, hostel or transitional immigration centre)	-	
An individual with a disability who is being forced to leave their current home within the next three months?	-	
Needing to move due to family separation, loss of a caregiver or unsafe housing conditions?	-	
Needing to move due to medical conditions?	-	
Disabled and unable to work for 12 months or longer?	-	
Requiring accessible housing to accommodate household members with physical disabilities?	-	
If this application is being submitted on behalf of a person who is <u>registered with the Public Trustee</u>	-	
Contact Name and phone #: <input style="width: 200px; height: 20px;" type="text"/>	-	

Activities of Daily Living Skills:

Describe functioning level with regard to:

Walking	
Walking Aides	
Visual	
Hearing	
Eating	
Swallowing Problems	
Diet	
Allergies to Food	
Toileting/Elimination	
Dressing	
Bathing	
Grooming	
Laundry	

Behaviour: Select all exhibited behaviours during the previous twelve (12) months

Anxious	<input type="checkbox"/>
Difficulty word finding	<input type="checkbox"/>
Passive	<input type="checkbox"/>
Auditory Hallucinations	<input type="checkbox"/>
Believes others are stealing from them - Often	<input type="checkbox"/>
Believes others are stealing from them - Sometimes	<input type="checkbox"/>
Believes someone is coming into suite/home when they ar not there	<input type="checkbox"/>
Collect/hoard items	<input type="checkbox"/>
Frequently loses or misplace things	<input type="checkbox"/>
Has become verbally agressive towards caregivers (such as yelling, swearing)	<input type="checkbox"/>
Prefer to be alone rather with others	<input type="checkbox"/>
Reluctant to care/assistance	<input type="checkbox"/>
Visual Hallucinations	<input type="checkbox"/>
Wanders away from home	<input type="checkbox"/>

Other

Date of Application: