## 601 Osborne Street 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<br>Applicant | Date of Birth         | Gender         | Status in Canada |
|--|---------------------------------------|--------------------------------|--------------------------|-----------------------|----------------|------------------|
|  |                                       |                                |                          |                       |                |                  |
|  |                                       |                                |                          |                       |                |                  |
| Is any member of   | f your household p                    | pregnant?                      |                          |                       |                |                  |
| Will you share a   | bedroom with and                      | other household me             | mber?                    |                       |                |                  |
|  |                                       | Applicant Contac               | ct Information           |                       |                |                  |
| Home Address   |                                       |                                |                          |                       |                |                  |
| Phone Number   |                                       |                                |                          |                       |                |                  |
| Mailing Address different from HomeAddress               |                                       |                                | 1                        |                       |                |                  |
| Alt Phone Number   |                                       |                                | ]                        |                       |                |                  |
| Cantart Name [   | If you want another pe                | erson as the main contract for | or your application, pl  | lease provide the fol | lowing informa | tion.            |
| Contact Name:  |                                       |                                |                          |                       |                |                  |
| Phone Number:  |                                       |                                |                          |                       |                |                  |
| Organization:  |                                       |                                |                          |                       |                |                  |
| What is your prefer                                      | red language?                         |                                |                          |                       |                |                  |
|  |                                       | Income                         |                          |                       |                |                  |
| Income Source  |                                       |                                | Applicant                |                       | Co-            | Applicant        |
| Employment or Employment Insurance Worker's Compensation |                                       | t Insurance                    |                          |                       |                |                  |
| Self Employment Income                                   |                                       |                                |                          |                       |                |                  |
|  | Retirement Income (CPP, OAS, Pension, |                                |                          |                       |                |                  |
| RRSP) Alimony and Child Support                          |                                       | upport                         |                          |                       |                |                  |
| Veterans Affairs   |                                       |                                |                          |                       |                |                  |
| Employment & Income Assistance                           |                                       |                                |                          |                       |                |                  |
| Other Income   |                                       |                                |                          |                       |                |                  |
| Total Gross Monthly Income                               |                                       |                                |                          |                       |                |                  |

| If you receive Employment information:                           | nt & Income | Assistance, please provide the   | e following                                 |                 |  |
|--|-------------|--|---|-----------------|--|
| Case #   | Worker      | Ph   | none Number:                                |                 |  |
| Do you have any assets  Property (land, residential, commercial) |             | If yes, please I   | ist total net value:  (GICs, Deposits, etc. | )               |  |
| ()   | Afford      | ability  |   |                 |  |
| What is your rent or more  | tgage payme | ent? Elect   | ricity                                      |                 |  |
| Natural Gas  |             | Water  |   |                 |  |
| Main Applicant  Address  |             | Rental History ast one year of rental history for each of the a  Contact person for landlord | pplicants  Phone                            | Date of Tenancy |  |
| Co-Applicant<br>Address  |             | Contact person for landlord  | Phone                                       | Date of Tenancy |  |
| If you have lived in Ma<br>Leaseholde<br>r Address:              | nitoba Hou  | sing before, please provide t  | he following infor<br>Move o                |                 |  |

## **EDUCATION AND TRAINING**

| Are you or your co-applicant currently enrolled in a:   |                  |  |  |  |  |  |  |  |
|---|------------------|--|--|--|--|--|--|--|
| ☐ Degree or diploma program or  | □ 0 Skills devel | □ 0 Skills development course  |  |  |  |  |  |  |
| College or University   | Agency           |  |  |  |  |  |  |  |
| Program   | Course           |  |  |  |  |  |  |  |
| Please provide proof of enrolment from the institution or agency.   |                  |  |  |  |  |  |  |  |
| SPECIAL CIRCUMSTANCES   |                  |  |  |  |  |  |  |  |
| Please answer the following questions. If you check "Yes", you will need to provide the required documents listed beside the question when you submit your application. |                  |  |  |  |  |  |  |  |
| The Medical Information and Housing Details form are located on page 7 & 8. You need to have these forms completed only if any of the situations below apply to you.    |                  |  |  |  |  |  |  |  |
| Are you:  |                  | Required document  |  |  |  |  |  |  |
| Homeless? (living in a shelter, on the street or in the hospital)   | ☐ Yes ☐ No       | Housing Details Form   |  |  |  |  |  |  |
| Temporarily sheltered and at risk of homelessness? (staying at family or friends, hotel, hostel or transitional immigration centre                                      | ☐ Yes ☐No        | Housing Details Form   |  |  |  |  |  |  |
| A single parent or individual with a disability who is being forced to leave their current home within the next three months?   | ☐ Yes ☐No        | Housing Details Form <u>and</u> notice to vacate from current landlord |  |  |  |  |  |  |
| Needing to move due to family separation, loss of a caregiver or unsafe housing conditions for your children?   | ☐ Yes ☐No        | Housing Details Form   |  |  |  |  |  |  |
| Needing to move to be closer to work, school, child care or su pport services?  | ☐ Yes ☐ No       | Housing Details Form   |  |  |  |  |  |  |
| Needing to move due to yow medical conditions?  | ☐ Yes ☐No        | Medical Information Form   |  |  |  |  |  |  |
| Disabled and unable to work or take training for 12 months or lon ger?  | D Yes No         | Medical Information Form QI a medical assessment                       |  |  |  |  |  |  |
| Requiring accessible housing to accommodate household members with physical disabilities?   | ☐ Yes ☐No        | Medical Information Form   |  |  |  |  |  |  |
| Needing better housing in order to retain or regain custody of your children?   | ☐ Yes ☐No        | Letter from your Child & Family<br>Services worker                     |  |  |  |  |  |  |
| PUBLIC TRUSTEE  |                  |  |  |  |  |  |  |  |
| If this application is being submitted on behalf of a person who is <u>registered with the Public Tmstee</u> , the <u>Trustee</u> must                                  |                  |  |  |  |  |  |  |  |
| complete the information below and stamp before submitting.   | Public Tr        | Public Trustee Stamp   |  |  |  |  |  |  |
| Name  |                  |  |  |  |  |  |  |  |
| Phone   |                  |  |  |  |  |  |  |  |