

Date Rec'd: _____



HOUSING APPLICATION

In order to be eligible for housing:

- You need to have an income at or BELOW the allowed maximum amount.**
Household without children \$56,694
Family Household (families with children or dependents) \$75,592
- You must include three Landlord references in the Past Landlord section.**

Accommodation Required:

1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____ 4 Bedroom _____

Personal Information

First Name Middle Name Last Name

Current Address: _____
Apt. Street City

Phone Number: _____ Email: _____

Next of Kin: _____ Relationship: _____ Phone Number: _____

Date of Birth: _____
M D Y

Spouse/Common Law Partner

First Name Middle Name Last Name

Current Address: _____
Apt. Street City

Phone Number: _____ Email: _____

Date of Birth: _____
M D Y

Name of Child(ren) or Dependents

Date of Birth

Male or Female

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

❖ All individuals that will be living with you must be included in the above sections.

Current/Most Previous Landlord Information

Landlord Name/Management Company:

Phone Number: _____ How long did you live there? _____

Why do you want to move?

Are you currently being evicted? _____ If yes please state why _____

Past Landlords

Landlord Name/Management Company:

Phone Number: _____ How long did you live there? _____

Why did you move?

If evicted, please state why?

Landlord Name/Management Company:

Phone Number: _____ How long did you live there? _____

Why did you move?

If evicted, please state why? _____

Source of Income

Please indicate the sources and amounts of income for yourself and of all family members who have an income, including social assistance:

Head of household: Employed_____ Social Assistance _____ Other please state_____

Name and phone number of: Employer or Case worker

Gross Monthly Income: _____

Spouse/Common Law Partner: Employed_____ Social Assistance _____ Other please state_____

Name and phone number of: Employer or Case worker

Gross Monthly Income: _____

If someone other than the above referenced will be paying your rent:

Name: _____ Phone Number: _____

Parking

Parking is an additional \$40 per month when parking spots are available.

Do you require parking? Yes No

By signing this application, I/We state the above information is true and give consent for the Community Health and Housing Association to contact previous landlords and references.

Signature of Applicant(s)

Date

Please return completed application form to the following addresses:

COMMUNITY HEALTH AND HOUSING ASSOCIATION
1233 Rosser Avenue
Brandon, MB
R7A 0M1