



425 Elgin Avenue
Winnipeg MB R3A 1P2
TEL: (204) 942-0991
FAX: (204) 957-5829

email: admin@sam.mb.ca
website: www.sam.mb.ca

IMPORTANT INFORMATION

If your application is not completed IN FULL it will NOT be processed.

- 1. Provide ALL Landlord information**
- 2. List ALL Occupants**
- 3. If you are 18+, a CURRENT INCOME TAX RETURN INFORMATION-OPTION C MUST BE ATTACHED. This form is required by MANITOBA HOUSING AND RENEWAL CORPORATION and is available by phoning Revenue Canada at 1-800-959-8281.**
- 4. If you are currently in receipt of Employment and Income Assistance benefits, a current budget letter must be attached.**
- 5. If CURRENT ADDRESSES ARE LESS THAN 3 YEARS, PLEASE FILL OUT THE CO-SIGNER FORM ATTACHED.**

McCLURE PLACE

55+ Retirement Living
533 GREENWOOD PLACE



Apartment Highlights

- Large Balconies with Full Sliding Doors
- Spacious Insuite Storage for Shelving & Freezers
- Bathroom Grab Bars for Ease of Mobility
- Bedroom & Bathroom
- Emergency Response System
- Resident Controlled Access with both Television & Telephone Security System
- Over the Kitchen Sink Window for Natural Light

Features

- On Site Caretaker
- Weekly Safeway Van Service to Polo Park
- Hairdresser Twice Weekly
- Monthly Foot Care

Building Highlights

McClure Place offers the unique Combinations of a shared community of McClure Place residents and McClure Place United Church

For Your Personalized Tour
Call S.A.M. (Management) Inc.
942-0991 www.sam.mb.ca





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APPLICATION FOR HOUSING

- Eligibility for housing is in part determined by income and household size
- Adults currently living at separate residences or roommates require separate applications.
- Rent is calculated based on gross income.

----- INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED -----

Name (s): _____ Phone: _____

Present Address: _____ Postal Code: _____

Present Landlord: _____ Phone: _____

Occupied Since: Month: _____ Year: _____ Rent Amount \$ _____

Reason for Vacating: _____

Previous Address: _____
(IF ABOVE IS LESS THAN 3 YEARS)

Previous Landlord: _____ Occupied from: _____ to _____

Phone: _____

FAMILY SIZE AND INCOME INFORMATION

INCOME INCLUDES:

- Salary or wages over the past 12 months.
- Commissions/fees/pensions.
- Part-time work.
- Unemployment insurance/social allowances
- Sick benefits/compensation
- Support payments.
- Investment income.

INCOME DOES NOT INCLUDE:

- Child tax benefit.
- Earnings of dependents attending school full-time.
- Travel allowance.
- Shelter allowances for family/elderly renters (safer/saffr).
- Capital gains such as insurance settlements, inheritances, disability awards, sale of effects.

NAME (Include: applicant, all adults in household)	BIRTHDATE			SEX		RELATIONSHIP	TOTAL MONTHLY INCOME	SOCIAL INSURANCE NUMBER
	D	M	Y	M	F			
						SELF		

What unit size do you require? 1 Bdrm 2 Bdrm

Do you require subsidy? Yes No

EMPLOYMENT/INCOME INFORMATION

ADULT APPLICANT 1:

Employer's Name: _____ Phone: _____

Date Employed: _____ Monthly Income: _____

OR
Income Assistance Worker: _____ Phone: _____

Address: _____

Other, Describe: _____

ADULT APPLICANT 2:

Employer's Name: _____ Phone: _____

Date Employed: _____ Monthly Income: _____

OR
Income Assistance Worker: _____ Phone: _____

Address: _____

Other, Describe: _____

Information you feel is relevant to your application: _____



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DECLARATIONS

I/We declare the above Information contained herein to be true and correct and hereby authorize S.A.M. (Management) Inc.'s employees and agents to conduct such personal investigations as may be required to process this application, verify my/our continuing eligibility, and recover any indebtedness arising hereunder.

I/We hereby consent to the collection, use, retention and disclosure of the personal information provided to S.A.M. (Management) Inc. in this application for the following purposes:

- To carry out its normal business operations, including eligibility for housing. Where another business performs a service for S.A.M. (Management) Inc., normal business operations would include disclosure by S.A.M. (Management) Inc., to that other business of that portion of my personal Information that it requires In order to perform the service.
- To satisfy legal or regulatory requirements

I/We acknowledge that S.A.M. (Management) Inc. may divulge information from my tenancy file in accordance with the provisions of the Personal Information Protection of Electronic Documents Act (PIPEDA). In the event that I have any specific requirement for confidentiality of such information, I will advise S.A.M. (Management) Inc. in writing.

I/We am/are authorized to disclose to S.A.M. all personal Information relating to other individual(s) disclosed herein and to consent on behalf of such individual(s) to the collection, use, disclosure and retention of personal information relating to such individual(s) as provided for herein.

Signed this _____ day of _____ 20_____, in the City of Winnipeg.

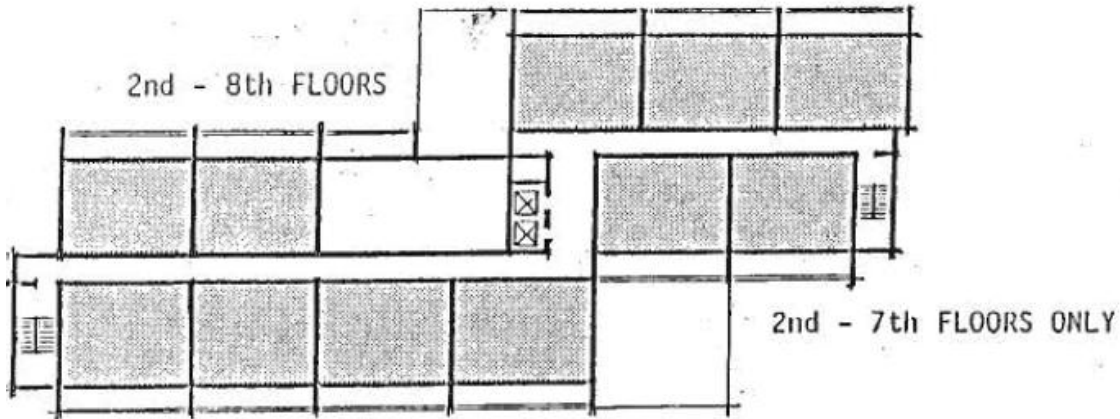
Signature

Signature

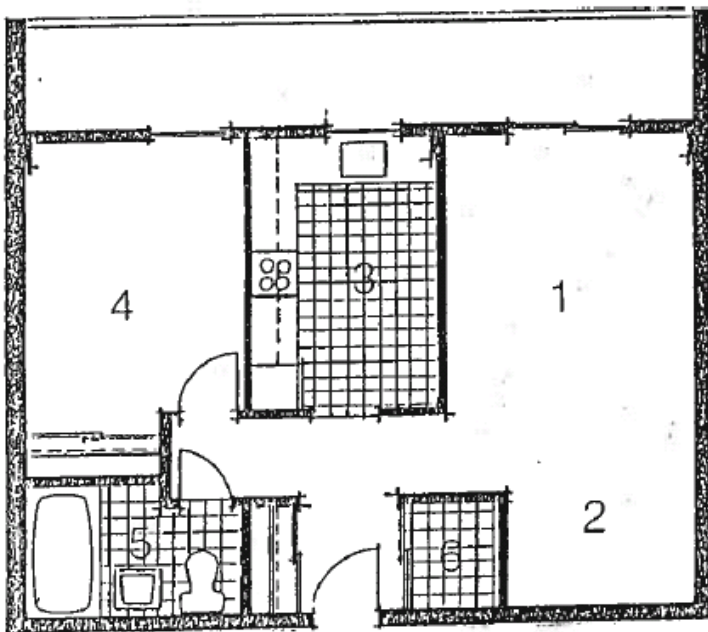
PLEASE RETURN COMPLETED APPLICATION TO:

SAM. (MANAGEMENT) INC.
425 Elgin Avenue
Winnipeg, Manitoba R3A 1P2

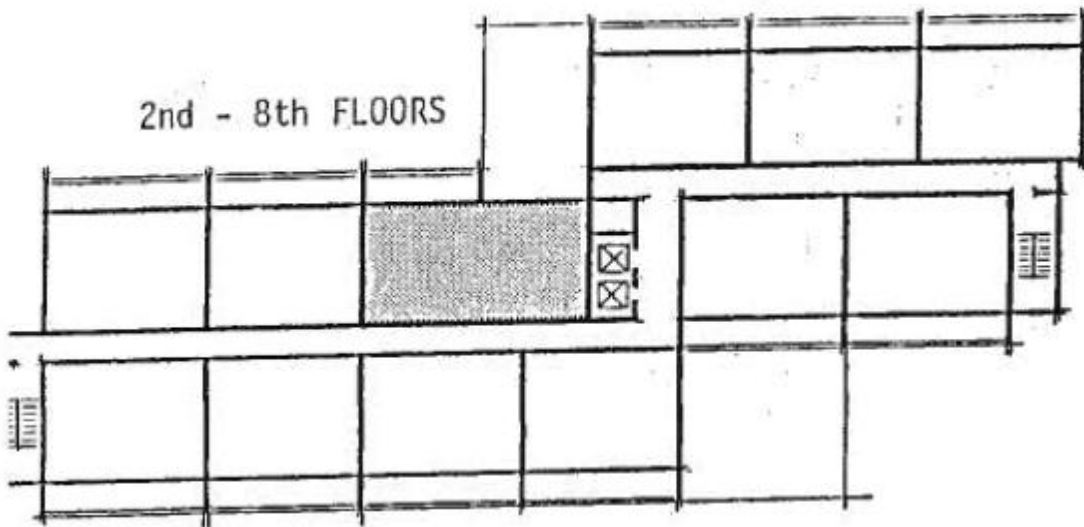
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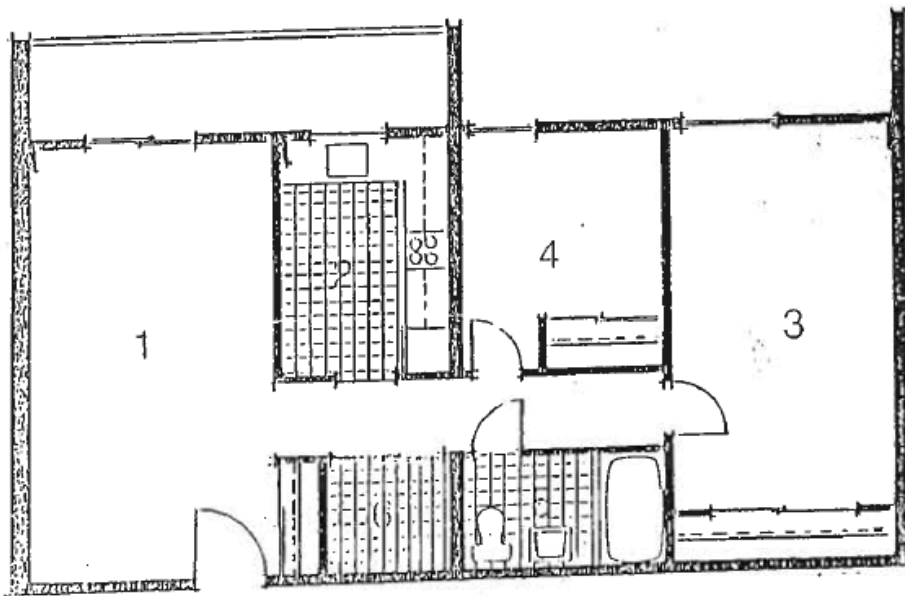
One Bedroom Suites



- | | | |
|---|-------------|----------------|
| 1 | LIVING ROOM | 10' x 12' |
| 2 | DINING ROOM | 7'-6" x 8'-6" |
| 3 | KITCHEN | 12' x 9'-6" |
| 4 | BEDROOM | 12' x 9' |
| 5 | BATHROOM | 9' x 5' |
| 6 | STORAGE | 4'-10" x 4'-2" |



Two Bedroom Suites



1	LIVING ROOM DINING ROOM	10'-10" x 20'-6"
2	KITCHEN	11' x 7'-9"
3	BEDROOM #1	18'-4" x 9'-10"
4	BEDROOM #2	9' x 9'
5	BATHROOM	9' x 5'
6	STORAGE	5' x 5'-10"



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RENTAL REFERENCE RELEASE FORM

I, _____ of _____

give permission for S.A.M. (Management) Inc. to provide/obtain a rental reference to/from any prospective/previous/current landlord. I understand that the following information will be discussed:

- How much my rent is and if I pay on time?
- How long I have been a tenant?
- Has proper notice been given?
- Have I ever had any NSF cheques?
- Have there been any complaints of nuisance and disturbances?
- Have there been any problems with my tenancy?

Tenant/Applicant Signature: _____

Date: _____