



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.**



PAYUK INTER-TRIBAL CO-OP LTD.

c/o S.A.M. (Management) Inc.

425 Elgin Avenue

Winnipeg MB R3A 1P2

Phone: (204) 942-0991 FAX: (204) 957-5829

APPLICATION FOR MEMBERSHIP & OCCUPANCY

INTRODUCTION

Payuk Inter-Tribal Co-operative Ltd. wants to develop a safe and supportive community for Aboriginal families. This involves NO ALCOHOL, NO DRUGS, as well as NO VIOLENCE policies which any prospective member will be required to abide by, and there are no exceptions.

We invite applications from people who support these policies and the goals listed below. We invite applications from people who want to become actively involved in developing a co-operative housing community which goes beyond "housing."

GOALS

1. To provide adequate, affordable housing for members of the Aboriginal Community.
2. To provide a safe and supportive co-operative living environment for Aboriginal families.
3. To provide a drug, alcohol and violence-free living environment for Aboriginal families.

HOUSEHOLD INFORMATION (PLEASE PRINT)

Name(s): _____

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Manitoba Health #: _____ S.I.N. #: _____

Vehicle Description: _____ Licence Plate No.: _____

Please list all people who will be residing in your unit:

NAME	RELATION	BIRTH DATE (yy/mm/dd)	M	F

CONTINUE ON OTHER SIDE

CO-OPERATIVE VOLUNTEER INFORMATION

As a co-operative, we own the land and the building collectively. This means that we share the responsibility and the pride. If you become a member of Payuk, it will be expected of you to attend membership meetings and to contribute a reasonable amount of time to the co-operative.

Please identify any areas of interest (check)

- Membership Committee Finance Committee Recreation Committee
 Security Committee Drug & Alcohol Policy Committee

Payuk is more than a housing project. We want to build and maintain a strong safe and healthy community. We believe that this is possible when people share responsibility, strength, experience, knowledge and skills.

What kinds of activities are you willing to participate in? (check)

- Administrative and Clerical: Board Member Minute Taking Fundraising
Organizing: Special Events Meetings Recreation Social Events
Supervising: Youth Events Security Volunteer
Maintenance: Maintenance Painting Janitorial Grounds

Other: _____

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 that 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 special requirement for confidentiality of such information, I will so 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.

SIGNATURE

DATE

SIGNATURE

DATE

OFFICE USE ONLY:

Date Received: _____ Date Approved: _____ Date Declined: _____

Comments: _____
