



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

email: [admin@sam.mb.ca](mailto:admin@sam.mb.ca)  
website: [www.sam.mb.ca](http://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.**



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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

<b>INCOME INCLUDES:</b> <ul style="list-style-type: none"> <li>• Salary or wages over the past 12 months.</li> <li>• Commissions/fees/pensions.</li> <li>• Part-time work.</li> <li>• Unemployment insurance/social allowances</li> <li>• Sick benefits/compensation</li> <li>• Support payments.</li> <li>• Investment income.</li> </ul>	<b>INCOME DOES NOT INCLUDE:</b> <ul style="list-style-type: none"> <li>• Child tax benefit.</li> <li>• Earnings of dependents attending school full-time.</li> <li>• Travel allowance.</li> <li>• Shelter allowances for family/elderly renters (safer/saffr).</li> <li>• Capital gains such as insurance settlements, inheritances, disability awards, sale of effects.</li> </ul>
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NAME (Include: <b>applicant, all adults &amp; children in household</b> )	BIRTHDATE			SEX		RELATIONSHIP	TOTAL MONTHLY INCOME	SOCIAL INSURANCE NUMBER
	D	M	Y	M	F			
						SELF		

What unit size do you require?  Bach  1 Bdrm  2 Bdrm  3 Bdrm  4 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

Phone: (204) 942-0991  
Fax: (204) 957-5829  
Email: admin@sam.mb.ca  
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Please indicate which property you are interested in:

**Co-operatives:**

- Artemis Housing Co-op (West Broadway area)  
222 Furby Street - **(HIV Positive or AIDS Diagnosed)**  
**(Please complete Artemis' application)**
- Greenheart Housing Co-op (West Broadway area)  
279 Sherbrook Street – **Family Housing**  
**(Please complete Greenheart's application)**
- Payuk Inter-Tribal Housing Co-op (Core area)  
500 Balmoral Street – **Aboriginal Family Housing**  
**(Please complete Payuk's application)**

***NOTE: APPLICATIONS FOR THE ABOVE PROPERTIES WILL NOT BE PROCESSED UNLESS THE APPROPRIATE APPLICATION IS FILLED OUT!***

S.A.M. (Management) Inc. also provides property management for the following co-ops. Please contact them directly for application information.

- Betelstadur Housing Co-Op 55+ only – 1061 Sargent Avenue – 772-7164
- South Osborne Housing Co-op 55+ only = 360 Osborne Street – 452-2300
- Westboine Housing Co-op Family Housing– 32 Shelmerdine Drive – 885-5125
- Carpathia Housing Co-op Family Housing– 7-394 Carpathia Road – 489-1069

**Single / Family Housing:**

- Beaumont Meadows -1321 Beaumont Street
- Pocket Suites – Kate St., Ross Ave. & Maryland St.
- New Life Ministries (Core area)  
Maryland St., Sargent Ave., Young Street, Wellington Ave, & Langside St.
- Westminster Housing Society (West Broadway area)

**Manitoba Housing Properties:**

- 60, 62, 64 Glen Meadow Street (St. Vital area)
- 21 Newdale Avenue (Fort Garry area)
- 26 Gaylene Street (Fort Garry area)
- 200 Good Street (Core area)
- 617 – 631 Dufferin Avenue (Core area)
- Westminster Housing Society (165 Maryland only)

**Age Appropriate Rentals**

- Cosmopolitan Club Homes – 48+ (Elmwood area)
- St. Andrew's Place Inc. – 55+ (Core area)
- St. James Legion Lodge – 55+ (St. James area)
- McClure Place Inc. – 55+ (St. James area)  
**(Please complete McClure Place application)**



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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: \_\_\_\_\_