



200 – 1080 Portage Avenue
Winnipeg MB R3G 3M3
TEL: (204) 942-0991
FAX: (204) 957-5829
Email: admin@sam.mb.ca
Website: www.sam.mb.ca

IMPORTANT INFORMATION

Please see Social & Affordable Housing chart and additional information on Page 2.

If your application is not completed in full, it will not be processed. The following information is required.

1. Provide all Landlord information.
2. List all occupants.
3. Income statements are required to calculate rent (depending on the property). Please provide **ONE** of the following:
 - If you are currently in receipt of Employment and Income Assistance benefits, a **Current Budget Letter**, **OR**
 - If you are currently employed, 2 to 3 paystubs, **OR**
 - A current **Income Tax Return Information – Option C**. This form is available through Revenue Canada by contacting them directly at **1-800-959-8281**.

Please Note: If you are 55+, a copy of your CPP and any other income must be attached.

4. If current addresses are less than 3 years, the Co-Signer Agreement form attached must be completed. If a co-signer is not available, provide 2 written references instead (cannot be a family member).
5. A copy of your photo ID and Manitoba Health Card must be attached.

This application will be kept on file for one year and then destroyed. You must re-apply after one year.

Social Housing Program:

- This program provides long-term housing for low-income households whose total household income is below the posted Social Housing Program Income Limit.

2017 Social Housing Rental Program Income Limits					
Community	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom
	<u>How are the number of bedrooms I may be eligible for determined?*</u>				
<u>Winnipeg</u>	\$24,500	\$35,000	\$43,500	\$47,500	\$57,000

Affordable Housing Program:

- This program is for lower-moderate income households whose total household income is below the posted Program Income Limit. The household will pay an affordable rent based on median rents in the private market. Affordable Rents are established annually by Manitoba Housing and are effective January 1 of each year.

2017 Affordable Housing Rental Program Income Limits	
Household without children	\$53,441
Family Household (families with children or dependants)	\$71,255

2017 Affordable Housing Rental Program Rents - Includes Essential Utilities (heat, water and sewer)					
Community	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom
	<u>How are the number of bedrooms I may be eligible for determined?*</u>				
<u>Winnipeg and Catchment</u>	\$607	\$880	\$1,092	\$1,182	\$1,425

2017 Affordable Housing Rental Program Rents - No Utilities Included					
Community	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom
	<u>How are the number of bedrooms I may be eligible for determined?*</u>				
<u>Winnipeg and Catchment</u>	\$579	\$797	\$1,010	\$1,039	\$1,250

Housing Needs Appraisal

Applicant: _____ Co-Applicant: _____

of bedrooms requested: _____ Gross Yearly Income: _____ Current Rent Amount: _____

Suitability: (National Occupancy Standard)

Currently living in: 1 bedroom / 2 bedroom / 3 bedroom / 4 bedroom

of people including yourself living in the unit: 1 / 2 / 3 / 4 / 5 / 6

of Adults: _____ # of dependents: _____ # of roommates: _____

Adequacy: Answer based on where you currently live.

Does your residence need major repair: Yes No

If yes explain: _____

Does your residence have adequate health and safety features?
(Locks, screens, smoke detectors, etc.) Yes No

If no explain: _____

Are your kitchen facilities adequate? Yes No

If no explain: _____

Do you have problems with the heating of your unit? Yes No

If yes explain: _____

Are your bathroom facilities adequate? Yes No

If no explain: _____

Do you have any issues with lack of light or air circulation? Yes No

If yes explain: _____

Do you have any recreational space? Yes No

Any other unsatisfactory conditions? _____

Are health factors aggravated by present accommodation? Yes No

If yes explain: _____

Office Use Only

Affordability: CNIT (Core Need Income Threshold)

CNIT – Winnipeg

1 bdrm	\$26,500	5% lower than CNIT	<input type="checkbox"/>
2 bdrm	\$35,500	10% lower than CNIT	<input type="checkbox"/>
3 bdrm	\$44,000	15% lower than CNIT	<input type="checkbox"/>
4 bdrm	\$45,500	20% lower than CNIT	<input type="checkbox"/>
		LOWER	<input type="checkbox"/>

Ratio of Rent to Income

less 25%	<input type="checkbox"/>
30%	<input type="checkbox"/>
35%	<input type="checkbox"/>
40%	<input type="checkbox"/>
45%	<input type="checkbox"/>
50%	<input type="checkbox"/>

TOTAL POINT SCORE:

Please Note: Applicants must re-apply for housing after 1 year.



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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(s): _____ Email: _____

Present Address: _____ Postal Code: _____

Alternate Contact: _____ Phone: _____

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: <ul style="list-style-type: none"> • Salary/wages over the past 12 months (including part-time). • Commissions/fees/pensions. • Unemployment insurance/social allowances. • Sick benefits/compensation. • Support payments. • Investment income. 	INCOME DOES NOT INCLUDE: <ul style="list-style-type: none"> • 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.
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NAME (Include: <u>applicant</u> , all adults & children in household)	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

Are you expecting a change in your family size any time soon? Yes No

If yes, when? In what way? _____

Does anyone in your family have a disability or health problem? Yes No

If yes, please specify _____

Please check: Canadian Citizen _____ Landed Immigrant _____ Other _____

Do you require subsidy? Yes No

We only have limited parking space. Do you have a car? Yes No

Would you like to be on a parking wait list? Yes No

Who were you referred by? _____

(NAME AND AGENCY)

EMPLOYMENT/INCOME INFORMATION

ADULT APPLICANT 1:

Employer's Name: _____ Phone: _____

Date Employed: _____ Monthly Income: _____

OR
Income Assistance Worker: _____ Phone: _____

Address: _____

OR
Settlement Counselor: _____ Phone: _____

OR
 Other, Describe: _____

ADULT APPLICANT 2:

Employer's Name: _____ Phone: _____

Date Employed: _____ Monthly Income: _____

OR
Income Assistance Worker: _____ Phone: _____

Address: _____

OR
Settlement Counselor: _____ Phone: _____

OR
 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. (Management) Inc. 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 Please type your First and Last Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Signature Please type your First and Last Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please indicate which property you are interested in:

Co-operatives:

- Artemis Housing Co-op (West Broadway area) (1 and 2 bedrooms)
222 Furby Street **(HIV Positive or AIDS Diagnosed)**
(Please complete Artemis' application)
- Greenheart Housing Co-op (West Broadway area) (1, 2 and 3 bedrooms)
279 Sherbrook Street – **Family Housing (non-smoking, no pets)**
(Please complete Greenheart's application)
- Payuk Inter-Tribal Housing Co-op (Core area) (1, 2 and 3 bedrooms)
500 Balmoral Street – **Aboriginal Family Housing (no drugs or alcohol)**
(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 – 204-772-7164
- South Osborne Housing Co-op 55+ only – 360 Osborne Street – 204-452-2300

Single / Family Housing:

- Beaumont Meadows – 1321 Beaumont Street (2 and 3 bedrooms)
- Pocket Suites – Kate St., Ross Ave. & Maryland St. (bachelors)
- New Life Ministries (Core area) (bachelors, 1, 2 and 3 bedrooms)
510, 517, 518 Maryland Street
- Westminster Housing Society (West Broadway area) (bachelors, 1 and 2 bedrooms)
- LGC Family Place (Core area) (bachelors, 1, 2, 3 and 4 bedrooms)
527 William Avenue **(non- smoking, no alcohol or pets) (Please complete LGC's application)**

Manitoba Housing Properties:

- 60, 62, 64 Glen Meadow Street (St. Vital area) (1, 2 and 3 bedrooms)
- 21 Newdale Avenue (Fort Garry area) (1 and 2 bedrooms)
- 26 Gaylene Street (Fort Garry area) (1 and 2 bedrooms)
- 200 Good Street (Core area) (2 and 3 bedrooms)
- 617 – 631 Dufferin Avenue (Core area) (2, 3 and 4 bedrooms)
- Westminster Housing Society (165 Maryland only) (3, 4 and 5 bedrooms)

Age Appropriate Rentals

- St. Andrew's Place Inc. – 425 Elgin Avenue – 55+ (Core area) (bachelors and 1 bedrooms)
- St. James Legion Lodge – 2730 Ness Avenue – 55+ (St. James area) (bachelors and 1 bedrooms)
- Greater Hamilton House – 475 Hamilton Avenue – 55+ (St. James area) (bachelors and 1 bedrooms)
- Anavet Lodge – 166 Beliveau Road – 55+ (River Heights/Tuxedo) (bachelor and 1 bedroom)
- Haven 2 – 1-21 Boulton Bay – 55+ (St. Vital area) (bachelor and 1 bedroom)
- Mike Sunka Place – 275 St. Anne's Road – 55+ (bachelor, 1 and 2 bedrooms)
- Seine River Haven – 571 St. Anne's Road – 55+ (St. Vital area) (1 and 2 bedrooms)
- Arms of the Cross – 555 Burnell Street– 55+ (Core area) (1 and 2 bedrooms)
(Please complete Arms of the Cross' application)
- McClure Place Inc. – 533 Greenwood Place– 55+ (St. James area) (1 and 2 bedrooms)
(Please complete McClure's application)
- Swedish Canadian Home – 5419 Roblin Blvd. – 55+ (Charleswood area) (Bach and 1 bedrooms)
(Please complete Swedish Canadian Home's 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:

TENANT/APPLICANT SIGNATURE: _____
Please type your First and Last Name

DATE: _____

- How much was rent?

- Was rent paid on time? If No, how often was it late?
Yes No _____
- Period of tenancy
From _____ to _____
- Was proper notice to vacate given? If No, how much notice was given?
Yes No _____
- Has tenant had any NSF cheques?
Yes No
- If utilities were paid directly by the tenant, were they paid on time?
Yes No Unknown
- Number of notices issued for unpaid or late payments during residency?

- How would you rate the tenant's payment history overall?
Good Fair Poor
- Have there been any complaints of nuisance and disturbance? If Yes, please describe.
Yes No

- Was the unit well-kept inside and out? If No, please describe.

- Has the tenant received any evictions/terminations? If Yes, for what?
Yes No

- Has the tenant been treated for bed-bugs in the last 6 months?
Yes No
- Were there charges after the tenant vacated?
Yes No
- Would you rent to the tenant again?
Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

COMPLETED BY (please print) _____

Title: _____ Company: _____

Phone: _____ Fax: _____



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Tenant's Name: _____ Property Address: _____

Co-Signer Agreement

Name of Co-Signer: _____ Date of Birth: _____

Social Insurance Number: _____

Address: _____
Number and Street City Postal Code

How Long? _____ Phone Number: _____

Employer: _____

Address: _____
Number and Street City Postal Code

How Long? _____ Job Title: _____ Monthly Gross Income \$ _____

Name of Supervisor: _____ Phone: _____

Other source of income: _____ Amount: _____

Co-Signer Agreement

For purposes of this agreement, _____, herein referred to as **Co-Signer**, agrees to guarantee the payment of monetary commitments entered into by _____, herein referred to as Tenant, for rental of property at _____.

Co-Signer guarantees monthly rent in the amount of \$ _____ and any subsequent rent increases.

Co-Signer agrees to personally guarantee the payment of any monetary damages suffered by Owner including, but not limited to actual attorney's fees incurred in the enforcement of said Agreement to rent or lease to Tenant.

Furthermore, **Co-Signer** acknowledges that he is not occupying the premises leased pursuant to the agreement to rent or lease, nor is he entitled to service of any of the statutory notices required by law to be provided to Tenant.

This **Co-Signer** agreement shall continue in full-force and effect for the entire term of the Tenant's residency including any extension and any rental increases in effect during such tenancy.

I give S.A.M. (Management) Inc. permission to process this **Co-Signer Agreement**, including but not limited to tenant reference, employment verification and credit check.

Agent Date

Co-Signer Date