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website: www.sam.mb.ca

For Office Use Only

Application:

Date Received:

Application for Canadian Legion Memorial Housing - Seniors Residences 60+



- Please PRINT clearly.
- Adults currently living at separate residences or roommates require separate applications.
- Please attach your proof of income, option C (on page 7) and your rental reference (on page 6) of the application.

SECTION 1: CONTACT INFORMATION

Applicant Name 1:	Applicant Name 2:
Phone Number 1:	Phone Number 2:
Email 1:	Email 2:
Address:	Postal Code:
Alternate Contact:	Alternate Contact's Phone Number:

SECTION 2: SELECT BUILDING

Canadian Legion Gardens 675 Talbot Ave. Winnipeg, MB R2L 0R9	
Legion Crest Apartments 819 Grant Ave. Winnipeg, MB R3M 1Y1	
Legion Tower Apartments 270 Kenny St. Winnipeg, MB R2H 2E6	

SECTION 3: REQUIREMENTS

I understand the following are the requirements with respect to rental of a housing unit:

1. Only one (1) person may occupy a single person's suite.
2. No pet animals allowed.
3. One (1) occupant of a unit must be 60 years of age or over, but consideration will be given to a veteran or a disabled person under 60 years of age.
4. Income for a single person should not exceed three (3) times cost of rent per month.
Total Income per month ÷ Total Rent per month = _____
5. Income of a couple should not exceed five (5) times cost of rent per month.
Total Income per month ÷ Total Rent per month = _____
6. Preference for rentals will be given to Canadian Veterans (as defined in the General By-Laws of the Royal Canadian Legion) and Widows / Widowers of Veterans and Legion Members in good standing
7. Preference for residents of Manitoba and Northwestern Ontario.
8. Rent is payable in advance on the 1st day of each month.
9. Damage deposit is 50% of rent and due prior to receiving unit keys.
10. Laundry facilities, electric stoves and refrigerators are supplied.
11. There are lounges or recreation rooms for the use of all tenants at each facility.
12. All utilities are included in the rent, also air conditioning units are installed in each suite.
13. While there are plug-ins available for cars at a reasonable cost per month, parking is on a waiting list basis in all three (3) locations. The running of extension cords is strictly prohibited.

SECTION 4: A) HOUSING INFORMATION

Please check:

What unit size do you require?

Bach 1 Bedroom

Particulars of War Service:

Unit: _____ Regimental No.: _____

Length of Service: _____ Place of Service: _____

Legion Member: Branch # _____ Years as a Member _____

If applicant a Widow, Spouse's Full Name: _____

Do you or anyone in your family have a disability or health problem that impacts your housing requirements?

Yes No

If yes, please specify _____

Do you require parking?

Yes No

Residence:

Canadian Citizen Landed Immigrant Other

Desired time to move in: _____ [Please note: desired

B) PRESENT ADDRESS

Present Landlord	
Landlord's Phone Number	
Occupied from () to ()	
Rent Amount	
Reason for Vacating	

* If you have not lived at the address mentioned above for longer than 3 years, please fill out Section 3C. Otherwise, disregard Section 3C.

C) PREVIOUS HOUSING

Previous Address	
Previous Landlord	
Landlord's Phone Number	
Occupied from () to ()	
Reason for vacating	

SECTION 5: INCOME INFORMATION

* Please fill out the box(es) that are applicable to you.

APPLICANT 1 (Name): _____

SOURCES OF INCOME

Canada Pension	\$
Old Age Security (OAS) Pension	\$
Old Age Security (OAS) Pension W/ Supplement	\$
War Veterans Allowance	\$
Other Income from Pension	\$
Total Income	\$

APPLICANT 2 (Name): _____

SOURCES OF INCOME

Canada Pension	\$
Old Age Security (OAS) Pension	\$
Old Age Security (OAS) Pension W/ Supplement	\$
War Veterans Allowance	\$
Other Income from Pension	\$
Total Income	\$

Current Employment Information (if applicable):

APPLICANT 1 (Name): _____

A)

Employer's Name:	Employer's Phone Number:
Date Employed:	Monthly Income:

B)

Income Assistance Worker:	Phone Number:	Address:
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APPLICANT 2 (Name): _____

A)

Employer's Name:	Employer's Phone Number:
Date Employed:	Monthly Income:

B)

Income Assistance Worker:	Phone Number:	Address:
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SECTION 6: DECLARATIONS

The declaration must be signed by ALL adults in the household.

I/We declare the information contained in this application is 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, including conducting landlord references, Residential Tenancies Branch checks, Queen's Bench searches and credit checks and recover any indebtedness arising hereunder. Negative credit will not necessarily impact the decision on whether we will house you, but will be taken into consideration.

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.

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

Applicant 1 Signature

Applicant 2 Signature

Date

Date



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. Understand that the following information will be discussed.

TENANT / APPLICANT SIGNATURE: _____

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

COMPLETED BY (please print) _____

_____ Company: _____

_____ Fax: _____

Title:

Phone:



Canada Revenue Agency

Agence du revenu du Canada

PROOF OF INCOME STATEMENT (OPTION 'C' PRINT)

There are many reasons why you might need a proof of income statement—like to apply for a loan, or to qualify for a benefit or subsidy. Now you can view and print your statement in the CRA's My Account!

Date printed

Social insurance number is fully displayed

Key information is easy to read

Page 1 of 3

Canada

Proof of income statement - My Account

Canada Revenue Agency / Agence du revenu du Canada

2015 Assessment
January 14, 2016

Social insurance number: 980 989 989

Province of residence: ON
Date of birth: 01 JUN 1985
Marital status: MARRIED

YOUR NAME
12345 YOUR STREET
OTTAWA, ON K1A 0H1

Tax year: 2015
Taxing province: ON
Filing date: 20 SEP 2015
Date of assessment: 17 FEB 2016

Line	Description	Amount
Net income		
101	Employment Income (box 14 on all T4 slips)	\$10,000
150	Total Income	\$10,000
Net income		
234	Net income before adjustments	\$10,000
236	Net income	\$ 0.00
Refund or Balance owing		
---	Balance from this assessment	

2018-01-14



Not registered for My Account?
Sign up now, at cra.gc.ca/myaccount

Canada

How to get a proof of income statement (option 'C' print)

You can get your proof of income statement online, by mail or by going to a Service Canada office.

Online

- By logging in to the CRA's My Account: www.cra.gc.ca/myaccount. You can click on "Proof of income" statement (option 'C' print). This allows you to view and print a proof of income statement right away.

By mail

- By calling the CRA's automated Tax Information Phone Service 1-800-267-6999, you can request a statement and the CRA will mail it to you. They will require your SIN, Line 150 of income tax and your birthdate

Please note that it could take up to ten business days before you receive your proof of income statement (option C print) by mail.

By going to a Service Canada Office

- By visiting a Service Canada office near you and request assistance in printing a proof of income statement.

English Locations

- 3393 Portage Avenue, Suite 140, Winnipeg
- 2599 Main Street, Winnipeg
- 181 1st Avenue North East, Daupin
- 111 Main Street, Flin Flon
- 51 Main Street, Selkirk
- 355 Kelsey Trail, Unit 1, Swan River
- 333 Edwards Avenue, The Pas
- 40B Moak Crescent, Thompson

French/English Locations

- 393 Portage Avenue, Unit 122, Winnipeg
- 1001 St Mary's Road, Winnipeg
- 1039 Princess Avenue, Brandon
- 158 Stephen Street, Morden
- 51 Rodgers Street, Notre Dame de Lourdes
- 1016 Saskatchewan Avenue East, Portage la Prairie
- 427 Sabourin Street, St-Pierre-Jolys
- 321 Main Street, Steinbach