

ECFC Housing Social Housing Rental Program Application Form



Eligibility Requirements

To be eligible for the Social Housing Rental Program applicant(s) must:

1. Be either a Canadian Citizen, a permanent resident of Canada, a refugee claimant or have legal status to live and/or work in Canada.
2. Have a total adjusted household income at or below the Social Housing Rental Program Income Limits established by Manitoba Housing. (www.manitoba.ca/housing/progs/pil.html)
3. Be able to live independently, with or without supports.

Completing the Application

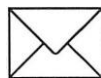
The information provided on this application will be used to determine housing need and confirm eligibility.

1. Please **print** all information in ink.
2. Complete **all** sections of the application and ensure the information you provided is correct.
Incomplete applications cannot be processed.
3. Before signing the form please read and understand the **Consent and Declaration sections**
4. Notify ECFC Housing immediately of any changes. This includes:
 - a. Changes in housing needs (i.e. household size, requested location, income)
 - b. Changes in contact information

If ECFC Housing is unable to contact an applicant at the telephone number and/or address provided on the application, the application may be cancelled.

SUBMIT THIS FORM

Drop-Off/Mail to:



ECFC Housing
1328 Main Street
Box 2020
Swan River, Manitoba R0L 1Z0

Or Fax: (204) 614-0280

Or email: info@ECFCHousing.com

FOR ASSISTANCE CALL:

204-734-9970



Hours of Operation

Monday- Friday, 8:30 a.m.-5:00 p.m.

OFFICE USE ONLY	Date Received	Received by	Client ID
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Understanding the Social Housing Rental Program and Application Process

The Social Housing Rental Program provides low-income Manitobans in greatest need with subsidized housing.

ECFC Housing owns a limited supply of rental properties that are subsidized by the Province of Manitoba under the Urban Native Housing Program and manages Manitoba Housing owned properties throughout the Swan River Region and therefore adheres to the guidelines of the Social Housing Rental Program. Applicants are housed based on core housing needs.

This includes consideration of the affordability, suitability and adequacy of your current housing situation.

Can I choose where I want to live?

Yes. The information you provide on your application will help ECFC Housing locate a unit that meets your housing need. The type of housing you may be offered will depend on factors such as the locations you choose, unit availability and demand and how many people will live in the unit. Other needs identified such as physical/mobility needs, smoking/non-smoking, and parking will also be considered.

Location selection may affect how quickly you will receive a housing offer. It is important to list all the housing locations that best meet your needs. ECFC Housing will provide only **one** housing offer.

Tenant moves (transfers) will only occur under limited circumstances.

Does Manitoba Housing allow pets?

One pet (some restrictions apply) per household **may** be permitted with written permission prior to bringing the pet into your unit. Registered service animals are permitted.

How long will it take me to obtain housing?

The length of time before a unit becomes available will vary depending on our ability to meet your housing needs and the demand for the locations where you choose to live.

IMPORTANT: Make sure to contact ECFC Housing with any changes to your application. ECFC Housing will make every effort to contact you. If you cannot be reached at any time following the submission of your application, your application may be cancelled.

How do I update or make changes to information provided on my application?

Contact the ECFC Housing Office in person at 1328 Main Street Swan River, MB or phone 204-734-9970

How much rent can I expect to pay?

Monthly rent is based on a percentage of household income. Total monthly payable rent includes your rent plus other applicable fees such as parking or tenant services. For applicants receiving Employment and Income Assistance (EIA), rent will be equal to Rent Assist.

How will I know if my application has been received?

The applicant must contact the ECFC Housing office to verify the application was received and all required documentation is submitted.

Do I need to submit any other documents with my application to verify the information I provided e.g. proof of income, medical information etc.?

Yes. Providing requested documentation with your application will aid in the approval process and timeline.

Can more than one family live in the same unit?

Yes. More than one family, as defined by ECFC Housing, can live in the same unit. A family includes an individual, their partner and dependents. Other household members would be considered a separate family. (for example, the applicant's parents = a family, adult siblings = a family, cousin = a family, roommate = a family, etc.)

Your Details and Circumstances

The information you provide on this application will be used to assess your housing needs and eligibility.



Where requested, include the full legal name(s) as it appears on government issued identification. Make sure the information provided on this application is true and accurate and that you have **printed** all information in **ink** only.

Supporting documentation will be required to verify your application.

1. APPLICANT INFORMATION

Have you recently (1-2 years) applied to Manitoba Housing? YES NO

Preferred method of communication? (check one)

Mail Phone E-mail
No Preference

Main Applicant

Last name First Name Middle name

Date of Birth: (e.g.: June 1, 1965) _____ / _____ / _____ Gender: Male Female
Month / Day / Year

Social Insurance Number: _____ - _____ - _____

Citizenship:

Canadian Citizen Skilled Worker /Trades Worker Sponsored (by family) Refugee Refugee Claimant Other _____

Phone:(__) __ _____ Cell:(__) __ _____ Work:(__) __ _____

Home address: _____
Apartment # / Street Town Province Postal Code

Mailing address: _____
(If different than above): P.O. Box # / Apartment# / Street Town Province Postal Code

E-mail address: _____

Check the appropriate box(es) below to indicate who you are applying to live with:

Partner Dependent(s) Roommate(s)
 Parent(s) Sibling(s) Other (please explain) _____
 I am not applying to live with anyone

Alternate Contact Person (if applicable)

You may authorize another person to be the alternate contact for your application. ECFC Housing will only contact this person if we are unable to reach you at the mailing address or phone number(s) provided. Details about your application will not be shared with this person without your written consent.

Contact Name: _____

Relation to applicant: _____ Phone: _____

E-mail address: _____

Co-applicant 1 (if applicable)

Relation to the Main Applicant:

- Partner Dependent Roommate
- Parent Sibling Other (please explain) _____

Last name

First Name

Middle name

Date of Birth: (e.g., June 1, 1965) _____ / _____ / _____ Gender: Male Female

Month / Day / Year

Social Insurance Number: _____ - _____ - _____

Citizenship:

- Canadian Citizen Skilled Worker /Trades Worker Sponsored (by family) Refugee Refugee Claimant Other _____

Phone:(__) _____ Cell:(__) _____ Work:(__) _____

Home address: _____

Apartment # / Street

Town

Province

Postal Code

Mailing address: _____

(If different than above): P.O. Box # / Apartment # / Street

Town

Province

Postal Code

E-mail address: _____

Co-applicant 2 (if applicable)

Relation to the Main Applicant:

- Partner Dependent Roommate
 Parent Sibling Other (please explain) _____

 Last name First Name Middle name

Date of Birth: (e.g.: June 1, 1965) _____ / _____ / _____ Gender: Male Female
Month / Day / Year

Social Insurance Number: _____ - _____ - _____

Citizenship:

- Canadian Citizen Skilled Worker /Trades Worker Sponsored (by family) Refugee Refugee Claimant Other _____

Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Home address: _____
Apartment # / Street Town Province Postal Code

Mailing address: _____
(different than above) P.O. Box# / Apartment # / Street Town Province Postal Code

E-mail address: _____

RENTAL HISTORY

Please provide at least one year of rental history for each of the applicants.

Main applicant

Address	Contact person for landlord	Phone	Dates of tenancy

Co-applicant

Address	Contact person for landlord	Phone	Dates of tenancy

2. HOUSEHOLD INFORMATION

The information you provide in this section will help us to determine the number of bedrooms required to support the size and needs of your household.

The number of bedrooms a household is eligible for is based on the number of people living in the home, their age, gender and relationship to you, the applicant.

List all additional persons that are expected to live in the home in the chart below.

Last Name	First Name	Middle Name	Date of Birth (e.g., June 1, 1965)	Gender M/F	Relation to Main Applicant	Citizenship				
						Canadian Citizen	Skilled/trades Worker	Sponsored By Family	Refugee	Refugee Claimant
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. If you listed dependents (18 yrs or younger) on your application, do you have shared or joint custody arrangements? Yes or No

If yes, how many days are the children in your care _____ and what is the number of overnight visits per month? _____

b. How many bedrooms does your household use in your current home?

None 1 2 3 4 5 6

c. Is any member of your household pregnant? Yes No

If yes, include the name of the household member: _____

Supporting documentation are required to verify this section of your application.

3. INCOME, ASSETS & EXPENSES

Income

In this section we ask about household income, assets and expenses to determine program eligibility.

Include the monthly amount of income received in the chart below, before taxes, from all sources for all adult household members. (income for dependants ages 22-25 years in full-time study is not required).

Do not include amount received for Canada Child Benefit.

Name	Employment Income	Employment and Income Assistance (EIA)	Other Income
	\$	\$	\$

(!) Employment Income may include:
 Wages/salaries, self-employment income, worker's compensation, court awards or insurance settlements aimed to replace loss of wages, strike/lock-out pay.

(!) Employment and Income Assistance (EIA) Amount

(!) other income may include:
Federal/Provincial Government Income (e.g. CPP, OAS, GIS, 55+ Income Supplement, employment insurance, refugee or newcomers assistance; shelter portion only for training allowance, band funding, or foster care payment)
Private Pensions and Investment Income (e.g. retirement pension, disability insurance, GICs, withdrawals from investments, investment interest)
Miscellaneous (e.g. court awards/insurance settlements aimed to provide for living expenses; child support, maintenance, alimony, educational funding)

Assets

Does anyone in your household own any property (land, residential, commercial)? Yes No

If yes, provide the assessed property value \$ _____ and outstanding mortgage balance \$ _____

Does anyone in your household have savings or investments? Yes No
 (e.g., GIC's, RRSP's, bank accounts)

If yes, provide the amount \$ _____

Supporting documentation are required to verify this section of your application.

Expenses (Rent and Utilities)

What is your current monthly rent or mortgage payment (including property taxes):\$ _____

Does this amount include your monthly utility expenses? Yes No

If no, provide your average monthly utility costs for the following:

Electricity\$ _____ Natural Gas\$ _____ Water\$ _____

4. SPECIAL CIRCUMSTANCES

In this section, we ask about special housing circumstances that may affect your need for housing. Check ALL statements that apply:

- Homeless (if checked indicate which of the following apply to you):
 - Living in a homeless shelter.
 - Living on the street.
 - Being discharged from a medical facility with no place to live.
 - Being released from a correctional facility with no place to live.
 - Current home destroyed by fire or flood.
- Victim of domestic violence (if checked indicate which of the following apply to you):
 - Living in a crisis shelter.
 - Living in second stage housing.
 - Temporarily living with friends or family.
- At risk of becoming homeless (if checked indicate which of the following apply to you):
 - Youth aging out of foster care.
 - Forced to leave current home due to child protection concerns that endanger the health, life or wellbeing of the child(ren).
 - Person with disability forced to leave parental home as parent(s) can no longer provide support.
 - Person with a disability forced to vacate a supportive housing unit as you no longer qualify for the program.
 - Experiencing family separation and being forced to find another place to live within 3 months. (e.g., marital separation, family separated for medical reasons)
 - Temporarily housed. (e.g., couch surfing, staying in a hotel, hostel, or transitional immigration centre)
- Need housing to regain custody of child(ren).
- Have a minor/temporary disability or mental illness that prevents me from maintaining my current home or continuing to live independently.
- Need to move to be closer to work, school, child care or support services (only applicable where travel time and/or distance is unreasonable due to having no transportation or limited access to public transportation).
- None of the above apply to my situation.

Supporting documentation are required to verify this section of your application.

5. CURRENT HOUSING

In this section we ask about the physical condition of your current housing.

Is your current home in need of major repairs that impact your health and safety? Yes No
(e.g., no running water, electrical does not work, lack of emergency exits or structural repairs)

Has your current home been condemned? Yes No

Supporting documentation are required to verify this section of your application.

6. EDUCATION/SKILLS TRAINING (This section does not apply to applicants 60 years of age or older)

Manitoba Housing rewards educational activities that promote self-sufficiency.

- a. Are you or your co-applicant(s) currently enrolled in an area of study or course to earn a certificate, degree or diploma? Yes No
- b. Are you or your co-applicant(s) currently enrolled in a course or program for skills training, pre-employment or upgrading? (e.g. general education, adult learning and literacy programs, EAL, job search training, career exploration, employment training related to self-employment) Yes No
- c. If no, do you or your co-applicant(s) have a disability that prevents you from working or participating in training or education for 12 months or more? Yes No

Supporting documentation are required to verify this section of your application.

7. ADDITIONAL HOUSING NEEDS

- a. Do you or any member of your household have physical or mobility limitations that impact the type of housing required? Yes No
- b. Do you have or plan on having a pet? Yes No

Restrictions: One dog; **OR** one cat; **OR** two birds; **OR** one 15 gallon aquarium with fish.

- c. Do you require parking? Yes No

Parking may not be available at all location s.

- d. Do you prefer a building that is (check one): Smoking Non -smoking No preference

Supporting documentation are required to verify this section of your application.

8. HOUSING CHOICE

To support successful tenancies ECFC Housing encourages applicants to choose where they want to live. Applicants will be offered a unit that best meets their needs in their desired location.

Some types of housing may not be available in all areas/communities.

Preferred Location

Check or list all preferred locations. ECFC Housing will only make **one** housing offer.

- a. Check all the communities in the Swan River Region where you are willing to live that best meet your needs.

<input type="checkbox"/> Swan River	<input type="checkbox"/> Minitonas	<input type="checkbox"/> Benito (55+)	<input type="checkbox"/> Bowsman	<input type="checkbox"/> Mafeking
<input type="checkbox"/> Birch River (55+)	<input type="checkbox"/> Novra	<input type="checkbox"/> Pelican Rapids	<input type="checkbox"/> Dawson Bay	<input type="checkbox"/> Barrows
<input type="checkbox"/>				

- b. If applying for 55+ housing please list location preferences: Swan River (Fairhaven Apartments, Westside Lodge, Rainbow Lodge, Duck Mountain Manor), Minitonas Chalet, Benito Thunderhill Courts, Bowsman Manor, Birch River Birchwood Place.

1. _____

2. _____

3. _____

4. _____

5. _____

9. CONSENT AND DECLARATION

Collection, Use and Disclosure of Personal Information and Personal Health Information

Your personal information and personal health information is collected under the authority of ECFC Housing programs and used to determine your eligibility for rental housing and any tenancy which may eventually result from this application. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA) and, if applicable, The Personal Health Information Act (PHIA).

In this form, words in the singular include the plural and words in the plural include the singular.

Consent to Disclose and Share Information

I consent to ECFC Housing sharing any personal information and personal health information relating to me or my dependants with other government departments, external agencies or other providers of housing or services to confirm on-going eligibility for rental housing, determine my housing needs and rental charge. I understand that this information is kept on file in accordance with Manitoba legislation.

I authorize any person, agency or organization to release or exchange information for that purpose. I understand this consent includes requests pertaining to my marital status, employment, income, assets and liabilities, medical condition, family status, benefits received under other programs or any other relevant personal information. I understand this includes ECFC Housing conducting a personal investigation including past and present landlord reference checks, income verification and utility checks.

A copy or facsimile of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure or exchange of information.

Declaration

I understand that this application is not an agreement on the part of ECFC Housing to provide me with housing. I acknowledge that, once submitted, this application becomes the property of ECFC Housing.

I certify that the information given in this document is true, correct, and complete in every respect. It fully discloses my income from all sources. If something is incorrect or not true, I understand that ECFC Housing may cancel my application or take any other measures deemed to be appropriate.

I understand that ECFC Housing may request supporting documentation to verify eligibility for the Social Housing Rental Program.

I have read and accept all terms and conditions of the Consent and Declaration section.

Main Applicant name (print) Main Applicant signature Date

Co-Applicant Consent and Declaration

I have read and accept all terms and conditions of the Consent and Declaration section.

Co-applicant name (print) Co-applicant signature Date

Co-applicant name (print) Co-applicant signature Date

For those applicants signing with an "X" a witness must sign below:

Witness Name (print) Witness signature Date

All applicants must now proceed to the next page to consent to release income information.

PUBLIC TRUSTEE

If this application is being submitted on behalf of a person who is registered with the Public Trustee, the Trustee must complete the information below and stamp before submitting.

Name: _____

Phone: _____

Public Trustee Stamp

All applicants must now proceed to the next page to consent to release income information.

Consent to Release Income Information

I consent to the release, by the Canada Revenue Agency to the E l b e r t C h a r t r a n d Friendship Centre Housing Corporation (ECFC Housing), of information from my income tax returns. The information will be relevant to and used solely for verifying eligibility for government-subsidized rental housing.

This authorization is valid for the previous two tax years, the current year and each year thereafter if I am a tenant with ECFC Housing. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to ECFC Housing.

Main Applicant name (print)

Main Applicant signature

Date

Co-applicant name (print)

Co-applicant signature

Date

Co-applicant name (print)

Co-applicant signature

Date

For those applicants signing with an "X" a witness must sign below:

Witness Name (print)

Witness signature

Date

PUBLIC TRUSTEE

If this application is being submitted on behalf of a person who is registered with the Public Trustee, the Trustee must complete the information below and stamp before submitting.

Name: _____

Phone: _____

Public Trustee Stamp

10. SELFDECLARATION (Optional)

ECFC Housing collects this information to assist with planning for housing needs and to reflect the diversity of the population we serve. This information is not used to determine your eligibility for the Social Housing Rental Program.

Main Applicant:

a. Are you a newcomer to Canada within the last 10 years? Yes No

If yes, what month and year did you arrive? _____ / _____ / _____
Day / Month / Year

b. Do you consider yourself to be a visible minority? Yes No

c. Do you consider yourself to be of Indigenous Ancestry? Yes No

If yes, which group do you identify with:

First Nations

Inuit

Metis

Co-applicant: (if applicable)

a. Are you a newcomer to Canada within the last 10 years? Yes No

If yes, what month and year did you arrive? _____ / _____ / _____
Day / Month / Year

b. Do you consider yourself to be a visible minority? Yes No

c. Do you consider yourself to be of Indigenous Ancestry? Yes No

If yes, which group do you identify with:

First Nations

Inuit

Metis

Co-applicant: (if applicable)

a. Are you a newcomer to Canada within the last 10 years? Yes No

If yes, what month and year did you arrive? _____ / _____ / _____
Day / Month / Year

b. Do you consider yourself to be a visible minority? Yes No

c. Do you consider yourself to be of Indigenous Ancestry? Yes

No If yes, which group do you identify with:

First Nations

Non-Status

Inuit

Metis

ECFC HOUSING

Consent to Use or Disclose Personal Information Form



This document authorizes: _____
disclosure to Elbert Chartrand Friendship Centre Housing for the purpose of
rental reference.

Individual Information		
Given Name(s)		Surname
Date of Birth (mm/dd/yyyy) / /		Phone Number
Address	City/Town	Postal Code

Address of rental unit: _____

I _____ authorize representatives of the Elbert Chartrand Friendship Centre Housing Corporation to act on my behalf for the purpose of collecting information regarding current or previous tenancies from the landlords and/or management companies.

Signature: _____

Date: _____