



APPLICATION FOR ELDERLY PERSONS' HOUSING

Please print and complete application in pen

Select which Housing Complex you are applying for

- Boyne Towers, Carman
- Crescent Lodge, Gladstone
- Centennial Apartments, Gladstone
- Regency House, Portage la Prairie
- Rotary Park, Portage la Prairie

Applicant(s)

Last Name: _____

First Name: _____

Date of Birth (dd/mm/yyyy) _____

Address: _____

City: _____

Postal Code: _____

Tel: _____

Tel: _____

Email: _____

Last Name: _____

First Name: _____

Date of Birth (dd/mm/yyyy) _____

If second applicant's address is different than above:

Address: _____

City: _____

Postal Code: _____

Tel: _____

Tel: _____

Email: _____

Alternate Contact

If you want an alternate contact for your application, (including authority to withdraw application or refuse a unit), please provide the following information:

Name: _____

Address: _____

City: _____

Postal Code: _____

Tel: _____

Email: _____

Relationship _____

Applicants may be eligible for subsidized housing based on income. Criteria includes:

- a current combined annual income of \$25,000 or less for a studio or one-bedroom suite
- a current combined annual income of \$32,000 or less for a two-bedroom suite

Criteria is based on Manitoba Housing income limits and is subject to change.

SECTION A – Unit Type

To apply for subsidized housing, applicant(s) must meet the above criteria. Are you applying for a subsidized unit?

- Yes - Proceed to **Section B**
- No - Proceed to **Section C** (income information is not required)

SECTION B – Subsidized Housing Income Supporting Documents

Attach current copies of all the following documents (as applicable) to the application form for verification of income of applicant(s).

- Copy of Income and Deduction Statement (also known as option C) **not Notice of Assessment**
 - *To obtain call 1-800-959-8281*
- Paystubs or statement from employer if employed
- Maintenance Enforcement Statement
- Employment Income Statements
- Employment Income Assistance Budget Letter
- Old Age Security (OAS)
 - *To obtain call 1-800-277-9914*
- Guaranteed Income Supplement (GIS)
- Canada Pension Plan (CPP)
- 55+ (MB Supplement Program)
- Retirement Pension / Superannuation
- Department of Veterans Affairs (DVA) Statements
- Maintenance / Alimony (Received)
- Annuities / RIFFs (Registered Retirement Income Fund(s))
- Dividends
- Interest / Investment Income
- Worker’s Compensation
- Retirement Saving Plan Income
- Any other income

I (we) declare income from all sources have been fully disclosed.

Applicant Signature _____ (mm/dd/yyyy): _____

Applicant Signature _____ (mm/dd/yyyy): _____

SECTION C – For Regency House and Centennial Apartments only

Do you require a wheelchair accessible suite? Yes No

SECTION D – For Regency House only

For double occupancy: Do you require a two-bedroom unit? Yes No

SECTION E – General Information

1. I (We) understand that this application does not constitute an agreement with Southern Health-Santé Sud to provide housing.
2. I (We) acknowledge, that once submitted this application and appended documents become the property of Southern Health-Santé Sud.
3. Wait lists are managed by date of application received.
4. I (We) acknowledge the right to withdraw application at any time, without penalty. Once application is withdrawn applicant(s) must re-apply.
5. Application and appended documents will be destroyed on withdrawal of application. A letter confirming receipt of withdrawal will be sent.
6. I certify that the information given in this statement is true, correct, and complete in every respect.

Applicant Signature _____ (mm/dd/yyyy): _____

Applicant Signature _____ (mm/dd/yyyy): _____

or

Alternate Contact Signature _____ (mm/dd/yyyy): _____