



Manitoba Urban Native Housing Association (MUNHA) Housing Application Form

The following organizations, listed by urban centre, accept this application form. Please mail or fax your completed application to those housing groups to which you wish to apply. If you have any questions, please call 204-942-5176.

Winnipeg	
KeKiNan Centre Inc. Senior Housing 100 Robinson Street Winnipeg, MB R2W 5M8 Phone: (204) 582-0439 Fax: (204) 586-0915	Kanata Housing Corporation 202 - 2055 McPhillips Avenue Winnipeg, MB R2V 3C6 Phone: (204) 338-6327 or 338-6261 Fax: (204) 338-6540
Kinew Housing Inc. 201 - 424 Logan Avenue Winnipeg, MB R3A 0R4 Phone: (204) 956-5093 Fax: (204) 943-0226	Dakota Ojibway Tribal Council (DOTC) Housing Inc. Phone: 1-866-856-5550 Fax: (204) 726-4949
Brandon	
Brandon Friendship Centre Housing Authority Inc. 836 Lorne Avenue Brandon, MB R7A 0T8 Phone: (204) 727-1407 Fax: (204) 726-0902	DOTC Housing Authority Inc. Unit 2 – 345 10th Street Brandon, MB R7A 4E9 Phone: (204) 729-3600 Fax: (204) 726-4949
Dauphin	
Anicinabe Housing Corporation 271 Main Street South Dauphin, MB R7N 1A7 Phone: (204) 638-8927 Fax: (204) 638-8134	
Portage la Prairie	
Dakota Ojibway Tribal Council (DOTC) Housing Room 150 - 5010 Crescent Road West Long Plain First Nation P.O. Box 187 Portage la Prairie, MB R1N 3B5 Toll Free: 1-866-856-5550 Phone: (204) 856-5550 Fax: (204) 239-5208	Portage la Prairie Friendship Centre Housing Inc. 20 - 3 rd Street North East Portage la Prairie, MB R1N 1N4 Phone: (204) 856-2476 Fax: (204) 856-2470
Selkirk	
Selkirk Friendship Centre – Tyro Housing 425 Eveline Street Selkirk, MB R1A 2J5 Phone: (204) 482-7525 Fax: (204) 785-8124	
Swan River	Thompson
Swan River Friendship Centre Housing Corporation Box 1448 1413 Main Street East Swan River, MB R0L 1Z0 Phone: (204) 734-9301 Fax: (204) 734-3090	Keewatin Tribal Council - Keewatin Housing Association Inc. 107 – 23 Nickel Road Thompson, MB R8N 0Y4 Phone: (204) 677-2341 Toll Free: 1-800-665-6212 Fax: (204) 667-0255



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Please print clearly. Where additional space is required, use the back of this application.

By signing this application, you are consenting to the MUNHA housing provider's use of your personal information. They will use the information within your application to:

- Determine your eligibility for housing;
- Understand your housing needs; and
- Determine the fit of your needs with future housing vacancies.

Note that personal reference checks, credit checks, and employment confirmation may be completed. The housing organization will be granted rights to verify any and all information within this application.

If consent is not granted, your application will not be accepted. If consent is granted, application information will be retained for up to 10 years. You may change or cancel consent at any time by contacting the MUNHA housing provider to which you submitted the application.

I/we declare that the information within this application is true and complete. I/we understand that any false information may result in the rejection of this application. I/we hereby consent to the use of our personal information as described above.

Applicant Signature _____ **Date** _____

Co-applicant Signature _____ **Date** _____

Please indicate your Aboriginal ancestry by checking one of the following:

- First Nations
 Inuit
 Métis

APPLICANT INFORMATION: *(Complete the following)*

First Name:		Middle Name or Initial:		Last Name:	
Date of Birth: <small>(YYYY-MM-DD)</small>		Phone Number:		Other Phone Number:	
Social Insurance Number:					
*Monthly Income:		_____ <small>*Include salaries, wages, pensions, employment insurance, maintenance payments, sick benefits, etc. Do not include Child Tax Credit amounts.</small>			

Current Source(s) of Income: *(Check all that apply. Note that at least one must be selected.)*

- Employment
- Employment Income Assistance
- Student Assistance
- Employment Insurance
- Other - Explain: _____

CO-APPLICANT INFORMATION: (Complete the following)					
First Name:		Middle Name or Initial:		Last Name:	
Date of Birth: (YYYY-MM-DD)		Phone Number:		Other Phone Number:	
Social Insurance Number:					
*Monthly Income:		_____ <i>*Include salaries, wages, pensions, employment insurance, maintenance payments, sick benefits, etc. Do not include Child Tax Credit amounts.</i>			
Current Source(s) of Income: (Check all that apply. Note that at least one must be selected.)					
<input type="checkbox"/> Employment <input type="checkbox"/> Employment Income Assistance <input type="checkbox"/> Student Assistance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other - Explain: _____					
Complete the following information for all other people who will be living in the house. Note that monthly income is required for all who are over 18 years of age and listed below. (Complete the following)					
Dependents:					
Last Name	First Name	Middle Name or Initial	Gender (M/F)	Date of Birth (YYYY-MM-DD)	Monthly Income
Others:					
Last Name	First Name	Middle Name or Initial	Gender (M/F)	Date of Birth (YYYY-MM-DD)	Monthly Income
HOUSING REQUIREMENTS: (Complete the following)					
If you are applying for Brandon, Thompson or Winnipeg, are you open to any neighbourhood where housing is available?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)			
If no, please state preferred neighbourhood(s):		Preference 1:		Preference 2:	
Indicate the date housing is required:		_____ (YYYY) (MM) (DD)			
Indicate the number of bedrooms needed:		<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four (Check One)			
Do you need wheelchair accessible housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)			
Do you need parking?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)			
If yes, how many parking spaces are needed?		<input type="checkbox"/> One <input type="checkbox"/> Two (Check One)			

Housing Requirements: (continued)									
Do you currently reside in low income housing?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Check One)</i>						
Is your current housing inadequate?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Check One)</i>						
If yes, please explain further:									
ADDRESS HISTORY: Must be provided for at least the last 3 years. List your current address first and then add previous address information as required to total 3 years. (Complete the following)									
Address:		City:		Postal Code:		Years:		Months:	
Address:		City:		Postal Code:		Years:		Months:	
Address:		City:		Postal Code:		Years:		Months:	
If you currently rent, please provide current rent amount including utilities.							Rent Amount:		
LANDLORD REFERENCE INFORMATION - you must provide at least 2 references: (Complete the following)									
Landlord Name (Business or First & Last Name):							Phone #:		
Address:			City:			Postal Code:			
Landlord Name (Business or First & Last Name):							Phone #:		
Address:			City:			Postal Code:			
Landlord Name (Business or First & Last Name):							Phone #:		
Address:			City:			Postal Code:			
If you currently own, please provide the current mortgage amount including utilities.							Mortgage Amount:		
PERSONAL REFERENCE INFORMATION – you must provide at least 2 personal references: (Complete the following)									
First Name:			Last Name:				Phone #:		
Address:			City:			Postal Code:			
First Name:			Last Name:				Phone #:		
Address:			City:			Postal Code:			
<p>Your application will be processed and we will contact you as soon as a suitable housing vacancy arises. You do not need to contact us again unless your contact information (address or phone number), your housing needs (e.g. number of bedrooms, number of dependents, etc.) or your income changes.</p> <p>Note that if you are chosen to fill a vacancy, you may need to provide additional information such as proof of income and proof of custody, guardianship, or confirmation by Child and Family Services of foster children.</p>									