



**APPLICATION FOR ELDERLY PERSONS' HOUSING**

Date application received:  
\_\_\_\_\_  
*For office use only*

**Complete application form in pen / Please Print**

**Please 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)

**Contact Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*If second applicant's address is different than above -*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 next section  
 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)