



Uniting Health, Heart and Home

1275 Burrows Ave  
Winnipeg, MB R2X 0B8  
TEL: (204) 586-8541  
FAX: (204) 589-0110 email:  
applications@freddouglas.ca  
website: www.freddouglas.ca

**Choose a building for your application.**

<b>Fred Douglas Apartments</b> <input type="checkbox"/>	<b>Fred Douglas Courts</b> <input type="checkbox"/>
Bachelor <input type="checkbox"/>	Bachelor <input type="checkbox"/>
One Bedroom <input type="checkbox"/>	One Bedroom <input type="checkbox"/>
Parking <input type="checkbox"/>	Two Bedroom <input type="checkbox"/>
	Parking <input type="checkbox"/>

**NAME(S) OF PERSON(S) APPLYING FOR ACCOMODATIONS:**

Name:	
Phone:	Email:
Date of Birth:	

Name:	
Phone:	Email:
Date of Birth:	

**PRESENT ADDRESS**

Address:
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**PREVIOUS ADDRESS IF ABOVE IS LESS THAN 3 YEARS**

Address:
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**PRESENT LANDLORD**

Address:
Phone:

**OCCUPIED SINCE:** Month: \_\_\_\_\_ Year: \_\_\_\_\_ **CURRENT MONTHLY RENT:** \$ \_\_\_\_\_



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**WHAT IS YOUR PREFERRED MOVE-IN PERIOD TO OUR FACILITY?**

Immediately <input type="checkbox"/>	3 months <input type="checkbox"/>	6 months <input type="checkbox"/>	1 Year <input type="checkbox"/>	2+ Years <input type="checkbox"/>
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Do you currently receive homecare or other support services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**PLEASE SPECIFY YOUR MOST IMPORTANT HEALTH CONCERNS:**

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**Homecare Case Coordinator:**

Name:	Phone:
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**Support Services Worker/Coordinator:**

Name:	Phone:
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**REFERENCES (Two references are required)**

**Reference #1**

Name:	Phone:
Address:	Relationship:

**Reference #2**

Name:	Phone:
Address:	Relationship:

**EMERGENCY CONTACT INFORMATION:**

**Emergency contact #1**

Name:	Phone:
Address:	Relationship:

**Emergency contact #2**

Name:	Phone:
Address:	Relationship:

## DECLARATIONS

I/We declare the information contained in this application is true and correct and hereby authorize Fred Douglas Society'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. I/We understand that this application does not constitute an agreement or lease with Fred Douglas Society or to provide accommodation.

I/We hereby consent to the collection, use, retention and disclosure of the personal information provided to Fred Douglas Society 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 Fred Douglas Society, normal business operations would include disclosure by Fred Douglas Society 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 Fred Douglas Society 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 Fred Douglas Society in writing.

I/We am/are authorized to disclose to Fred Douglas Society 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/We acknowledge and agree to allow Fred Douglas Society to take my/our photograph(s) for the purposes of tenant identification should I/we become tenants of Fred Douglas Society.

I/We understand and agree that smoking is prohibited throughout all Fred Douglas Society facilities (inside suites and all common areas), and further agree to ensure that neither I, my guests, nor service workers are permitted to smoke while on Fred Douglas Society premises. I further agree that failure to abide by the Fred Douglas Society non-smoking policy may be grounds for lease termination.

I/We understand that in order to be eligible for housing with Fred Douglas Society, I/we am/are required to complete and pass a pest control inspection at the cost of Fred Douglas Society. I/We authorize Fred Douglas Society's Pest Control company to conduct a pest control inspection of my/our current address prior to being housed with Fred Douglas Society. Non-compliance may result in the ineligibility of being housed.



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INCOME

Please attach a copy of Revenue Canada's Certified Income Tax Return (Option C) for the most recent tax year. Income will be re-verified before signing a Tenancy Agreement.

IDENTIFICATION

Please attach a copy of photo identification such as a driver's license.

THIS INFORMATION IS REQUIRED FOR APPLICATION PROCESSING PURPOSES

How did you hear about Fred Douglas:

Table with 5 columns: Friend, Ad (where?), Building sign, Website, Other. Each column has a checkbox and a corresponding empty input field below it.

Print Applicant Name

Application Signature

Date

Print Applicant Name

Application Signature

Date

FOR OFFICE USE ONLY:

Received by: Date: