

**Funded by:** Manitoba Family Services & Housing  
Winnipeg Regional Health Authority

**Purpose:** 1. To provide affordable and supportive housing for people with a history of mental illness.  
2. To provide affordable housing for young families of modest means.

**Accommodation:** 22 1-bedroom units  
12 2-bedroom units  
9 3-bedroom units

**Entrance Criteria and Application Procedure**

All tenants accepted to Friends Housing Inc. will meet the following criteria:

- Compliance with the Landlord Tenancies Act
- Compliance with the standards and requirements of Manitoba Housing Authority.
- Compliance with the Rules and Regulations of Friends Housing Inc.
- Display a willingness and ability to live in harmony with other tenants.

Persons diagnosed having a psychiatric illness and special needs arising from this:

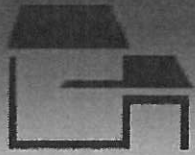
Will also supply name, address and phone number of:

- Next of kin
- Psychiatrist and/or other treating physician
- Social Worker or Mental Health Worker

Will attest to the following:

- Freedom from violent behaviours
- Freedom from active suicidal tendencies
- No active alcohol problems
- No active drug abuse problems
- Ability to manage own prescription drugs
- Minimum of a moderate ability to manage own household.

All applicants are required to complete the standard Manitoba Housing and Renewal Corporation Housing Application forms. Those who meet the above criteria will be given an application form to be filled out by their Psychiatrist or attending physician and returned to Friends Housing Inc. Those deemed suitable will be put on the waiting list until a space becomes available. Persons on the waiting list need to make contact annually to keep their status current, or if applicant information changes i.e. phone number or contact address. It is not necessary to call every week, only when or if new information needs to be conveyed to us.



# Friends Housing Inc.



## CONFIDENTIAL APPLICATION FOR MEMBERSHIP & OCCUPANCY

The following information is required from all applicants to determine eligibility for housing.  
**Incomplete applications cannot be processed.**

Acceptance of the application is subject to eligibility and the availability of accommodation. All information is kept in strict confidence in accordance with the Canadian Personal Information Protection and Electronic Documents Act. If you have any questions contact the Property Management office at (204) 982-2000.

### PLEASE PRINT CLEARLY

#### 1. INFORMATION ABOUT YOU (The Applicant):

FULL NAME: \_\_\_\_\_  
First Name Middle Name Last Name

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE : \_\_\_\_\_ (residence) \_\_\_\_\_ (other)

SOCIAL INSURANCE NUMBER: \_\_\_\_\_  
(required to obtain a credit report and to obtain new address after move-out if not provided)

DATE OF BIRTH (month-day-year): \_\_\_\_\_

CITIZENSHIP: Canadian Citizen : \_\_\_\_\_ Landed Immigrant: \_\_\_\_\_ Other: \_\_\_\_\_

#### 2. INFORMATION ABOUT WHO WILL LIVE WITH YOU (Co-applicant/Dependent):

NO ONE WILL LIVE WITH ME (check if this applies): \_\_\_\_\_

Co-applicant FULL NAME: \_\_\_\_\_  
First Name Middle Name Last Name

Co-applicant ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

Co-applicant PHONE: \_\_\_\_\_ (residence) \_\_\_\_\_ (other)

Co-applicant SOCIAL INSURANCE NUMBER: \_\_\_\_\_  
(To obtain credit report and to obtain new address after move-out if not provided)

Co-applicant DATE OF BIRTH (month-day-year): \_\_\_\_\_

Co-applicant CANADIAN CITIZEN : \_\_\_\_\_ LANDED IMMIGRANT: \_\_\_\_\_ OTHER: \_\_\_\_\_

RELATIONSHIP TO YOU (spouse, child, sibling, care worker etc.): \_\_\_\_\_

**REQUESTING:** \_\_\_\_\_ **1 Bedroom Apartment** \_\_\_\_\_ **2 Bedroom Apartment**  
\_\_\_\_\_ **2 Bedroom Townhouse** \_\_\_\_\_ **3 Bedroom Townhouse**

**3. CURRENT ADDRESS – FOR RENTAL REFERENCE:**

Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
How long have you lived there? \_\_\_\_\_ How much rent did you pay? \_\_\_\_\_  
Landlord's Name, Address and Telephone Number: \_\_\_\_\_

**4. PREVIOUS ADDRESS – FOR RENTAL REFERENCE:**

Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
How long did you live there ? \_\_\_\_\_ How much rent did you pay? \_\_\_\_\_  
Why did you leave ? \_\_\_\_\_  
Landlord's Name, Address and Telephone Number: \_\_\_\_\_

**5. SUBSIDY:**

To be eligible to live in a Rent-Geared-To-Income project, we will be required to verify income. **Please submit a current “Certified Income Tax Report-Option C” for all income earners in the household.** This is a special report that you must obtain from the Canada Revenue Agency (CRA). Have your current Notice of Assessment in front of you when you call the CRA as they will ask specific questions from this document to verify your identity. **The phone number to obtain your “Certified Income Tax Report – Option C” is 1-800-959-8281.**

**6. HOUSEHOLD and FINANCIAL INFORMATION:**

Please report the total gross household income (income before tax deductions) of ALL members of your household who will be living in the unit. If you receive income from more than one source, please list each source separately. Attach an additional sheet if necessary.

	<u>First Name</u>	<u>Last Name</u>	<u>Monthly Income</u>	<u>Source</u>	<u>Age(years)</u>	<u>Gender</u>
Person 1	_____					
Person 2	_____					
Person 3	_____					

Typical Sources of Income are:

<i>Employment</i>	<i>Employment &amp; Income Assistance</i>	<i>Self-Employment</i>
<i>Employment Insurance</i>	<i>Pensions</i>	<i>Band Assistance</i>
<i>Interest from Investments</i>	<i>Canada Student Loans</i>	<i>Insurance Settlement</i>

**7. PARKING:**

Do you require parking? \_\_\_\_\_ (yes) \_\_\_\_\_ (no) How many spaces? \_\_\_\_\_

Vehicle Information (#1):

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License #: \_\_\_\_\_ Colour: \_\_\_\_\_

**8. DECLARATION:**

I/We understand that consideration of others is paramount. Any actions that negatively affect others enjoyment of the premises may result in termination of Membership. If accepted, I/We undertake to create and maintain a safe, secure environment in the premises. I/We understand that this positive living environment will be my/our responsibility to uphold with my/our family members as well as my/our guests.

I/We do solemnly declare that throughout the term of my/our lease at Friends Housing Inc. I/we will not have a principal place of residence elsewhere in Canada.

**I/We declare that all the information in this application is correct and hereby authorize the Corporation and/or its Agent to verify any or all of the information contained herein. Please see our policy on Protection of Personal Documents and Information attached.**

I/We understand that the apartments and townhouses of Friends Housing Inc. have a no-smoking policy within the buildings that I will abide by as covered in the rules and procedures.

**SIGNATURE:**

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Name (Print)

\_\_\_\_\_

Applicant signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant Name (Print)

\_\_\_\_\_

Co-Applicant signature

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**MEDICAL AND PERSONAL HISTORY**

Applicant's Name & Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Person Completing Reference: \_\_\_\_\_

Title and Address: \_\_\_\_\_

Date Form Completed: mm/dd/yy \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  
Slightly \_\_\_\_\_, Moderately well \_\_\_\_\_, Very well \_\_\_\_\_

What strengths does the applicant possess which will enable him or her to live successfully in an independent apartment with a minimum of social support?

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Have you any concerns regarding the applicant's abilities toward living in a minimally supportive environment?

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**FRIENDS HOUSING INC.**

A Registered Charitable Organization

100-890 Sturgeon Road, Winnipeg, MB, R2Y 0L2

Phone 204-953-1160

Fax 204-953-1162

While living independently, will the applicant require support in any of the following:

Food preparation \_\_\_\_\_ Money management/shopping \_\_\_\_\_

Housework \_\_\_\_\_ Social activities/leisure time \_\_\_\_\_

Other \_\_\_\_\_

Please indicate the hours of personal support the applicant may require per day \_\_\_\_\_,

Per week \_\_\_\_\_, Month \_\_\_\_\_.

Is the applicant affected by:

Schizophrenia	Yes _____	No _____
Manic-depressive Disease	Yes _____	No _____
Epilepsy	Yes _____	No _____
Heart Disease	Yes _____	No _____
Diabetes	Yes _____	No _____
Other Illness or Disability	Yes _____	No _____

If yes, please explain and advise of any special requirements the applicant may have:

Do you believe the applicant is at present a danger to his or her own person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Cannot tell \_\_\_\_\_

Does the applicant's behaviour indicate he or she may become a danger to others?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unclear \_\_\_\_\_

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Are you aware of any violence in the applicant's life within the last year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give a brief description of any incidents. This includes any verbal, physical, and sexual violence.

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What type of treatment or support has the person received toward overcoming the effects of violence?

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Has alcohol and other substance abuse been a part of the applicant's past?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is alcohol abuse a current problem for the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Is other substance abuse a problem at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant affected by the abuse of alcohol and other substances of a family member?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to any of the last four questions, please explain briefly:

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Are you aware of any other difficulties which could prevent the applicant from living successfully and independently in the community?

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**MEDICATIONS**

Is the applicant taking any medications?      Yes \_\_\_\_\_ No \_\_\_\_\_

If by injection, please name the clinic and contact person:

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Oral medications, name, dosage, frequency, side effects:

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Are the medications taken as prescribed?      Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant order and receive his or her own prescription medications?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant need to be reminded of medical appointments?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant's family in agreement with the prescribed medical treatments?

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Was the applicant admitted to a hospital within the last two years?

Psychiatry \_\_\_\_\_ Other \_\_\_\_\_

If yes, please list the number of confinements and the average duration of each hospital stay.

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Phone 204-953-1160

Fax 204-953-1162

Do you personally communicate with the applicant's family?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know any of the applicant's friends? Yes \_\_\_\_\_ No \_\_\_\_\_

Please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list, by name, relationship, address and phone number, any significant professionals, agencies, and other persons in the applicant's life:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This questionnaire is part of an application package containing Manitoba Housing and Renewal Corporation application forms, and a Consent for Release of Medical Information form.

***All information is confidential***

**RELEASE OF INFORMATION FORM  
CONSENT TO RELEASE CONFIDENTIAL INFORMATION TO FAMILY MEMBERS**

NAME : \_\_\_\_\_ DOB : \_\_\_\_\_ SIN# : \_\_\_\_\_

I hereby request and authorize (SPECIFY PROVIDER) : \_\_\_\_\_  
to release information regarding me to the individual(s) listed below. I understand that the purpose of this  
release is to improve communication between the above named agency and the individual(s) listed below  
and to assist in my treatment. Treatment began at this agency on (SPECIFY DATE) \_\_\_\_\_.

\*\*\*\*\*  
I hereby request and authorize you to release the information indicated below to the following individual(s)  
(SPECIFY NAME / RELATIONSHIP : \_\_\_\_\_

You have my permission to release the following information :

- |  |   |
|--|---|
| <input type="checkbox"/> Name of Therapist       | <input type="checkbox"/> Psychological Evaluation                 |
| <input type="checkbox"/> Name of Case Manager    | <input type="checkbox"/> Scheduled Appointments                   |
| <input type="checkbox"/> Treatment Program(s)    | <input type="checkbox"/> Medication                               |
| <input type="checkbox"/> Treatment Plan          | <input type="checkbox"/> Admission to/Discharge from Any Facility |
| <input type="checkbox"/> Treatment Summary       | <input type="checkbox"/> Discharge Plans                          |
| <input type="checkbox"/> Progress Notes          |   |
| <input type="checkbox"/> Other (SPECIFY) : _____ |   |

\*\*\*\*\*  
I understand that this gives my consent for the release of information to the individual(s) listed above. I also  
understand that this allows the above mentioned individual(s) to provide information to my therapist or case  
manager. I may revoke this release at any time except to the extent that the person who is to make the  
disclosure has already acted upon it. Except as noted above, this release will expire on (SPECIFY DATE)

\_\_\_\_\_ or under the following circumstances : \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Witness # 1                      Date                      Patient                      /                      Date

\_\_\_\_\_/\_\_\_\_\_  
Witness # 2                      Date                      Parent/Legal Guardian                      /                      Date

( Second witness needed if patient is unable to give verbal consent.)

## **COLLECTION OF PERSONAL INFORMATION**

The personal information collected will be used to determine your household's eligibility for tenancy, to administer tenant agreements and to prevent and detect fraud. Personal information collected will also be used to enable Friends Housing Inc. to provide ongoing service and to meet legal requirements.

## **CONSENT TO DISCLOSURE OF INFORMATION**

I/We consent to the disclosure of any personal information that may be required for the purpose of determining or verifying my/our eligibility for tenancy. I/We authorize any person, agency, organization or financial institution to release and/or exchange information for that purpose. I/We understand this consent includes requests pertaining to my/our employment, income, liabilities and resources, family status as well as my/our standing with current and previous Landlords.

A photocopy of this signed Consent to Disclosure is sufficient to authorize the disclosure and/or exchange of information.

\_\_\_\_\_  
Name of Applicant  
(Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of 2<sup>nd</sup> Applicant  
(Please Print)

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**MOST COMMONLY ASKED QUESTIONS WHEN APPLYING FOR RESIDENCE  
IN FRIENDS HOUSING INC.**

**Q: Is Friends Housing run by Manitoba Housing?**

**A: Friends Housing is privately operated, but we use the housing guidelines provided by Manitoba Housing.**

**Q: What utilities do the tenants have to pay?**

**A: All utilities are paid by Friends Housing but tenants are assessed an amount for lights (\$20.00 to \$24.00 per month) as per Manitoba Housing guidelines.**

**Q: How is rent calculated?**

**A: Generally, rent is geared to income based on 27% of total gross income of all adults living in the household.**

**Q: What additional costs do tenants pay?**

**A: Tenants are responsible for the payment of the following, Parking (\$12.00 per month), telephone and cable television.**

**Q: What appliances are provided?**

**A: Fridge and stove are provided in all units. Townhouses are provided with a dryer but tenants have to supply their own washing machine. Apartments do not have a dryer, however there are coin operated laundry facilities for the use of apartment tenants.**

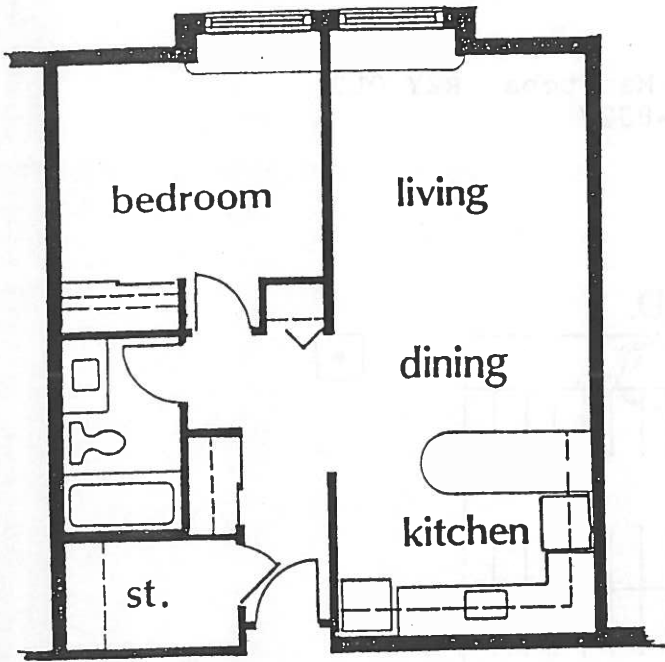
**Q: Are pets allowed?**

**A: NO, pets are not allowed (except fish).**

**Q: What about insurance on contents?**

**A: Tenants are responsible and STRONGLY encouraged to insure their contents. Extra insurance is required if you have water beds and/or aquariums.**

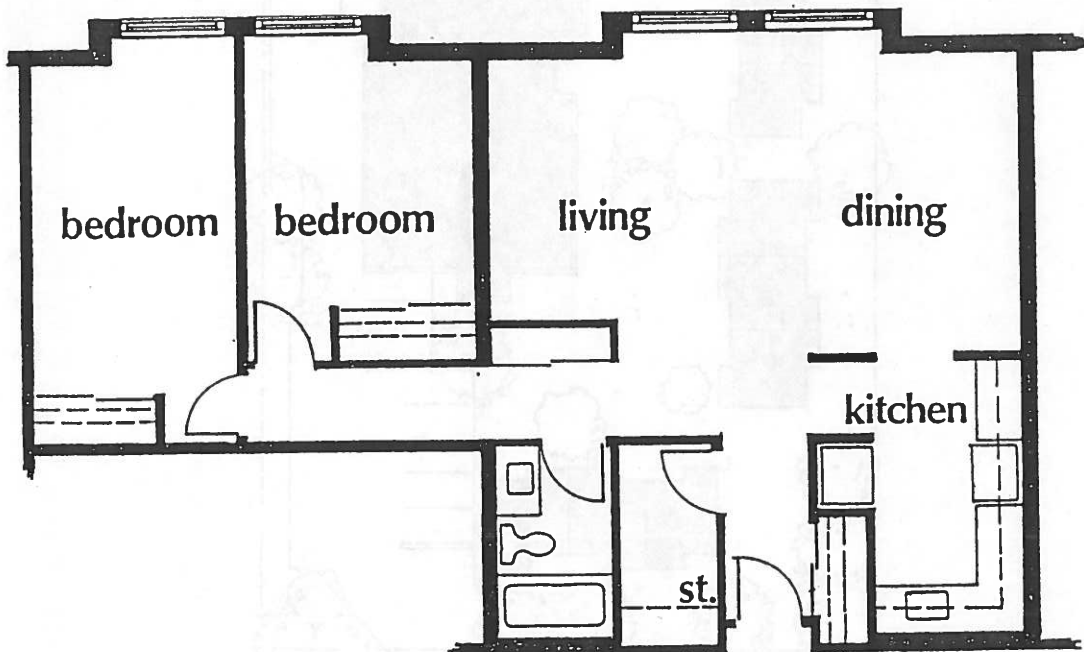
A 43 unit non-profit housing  
development at 890 Sturgeon Rd. Winnipeg  
consisting of...



A 28 suite apartment with  
6-2 Bedrooms of 960 sq.ft.  
22-1 Bedrooms of 612 sq.ft.

& 15 town houses with  
9-3 Bedrooms of 1084 sq.ft.  
6-2 Bedrooms of 936 sq.ft.

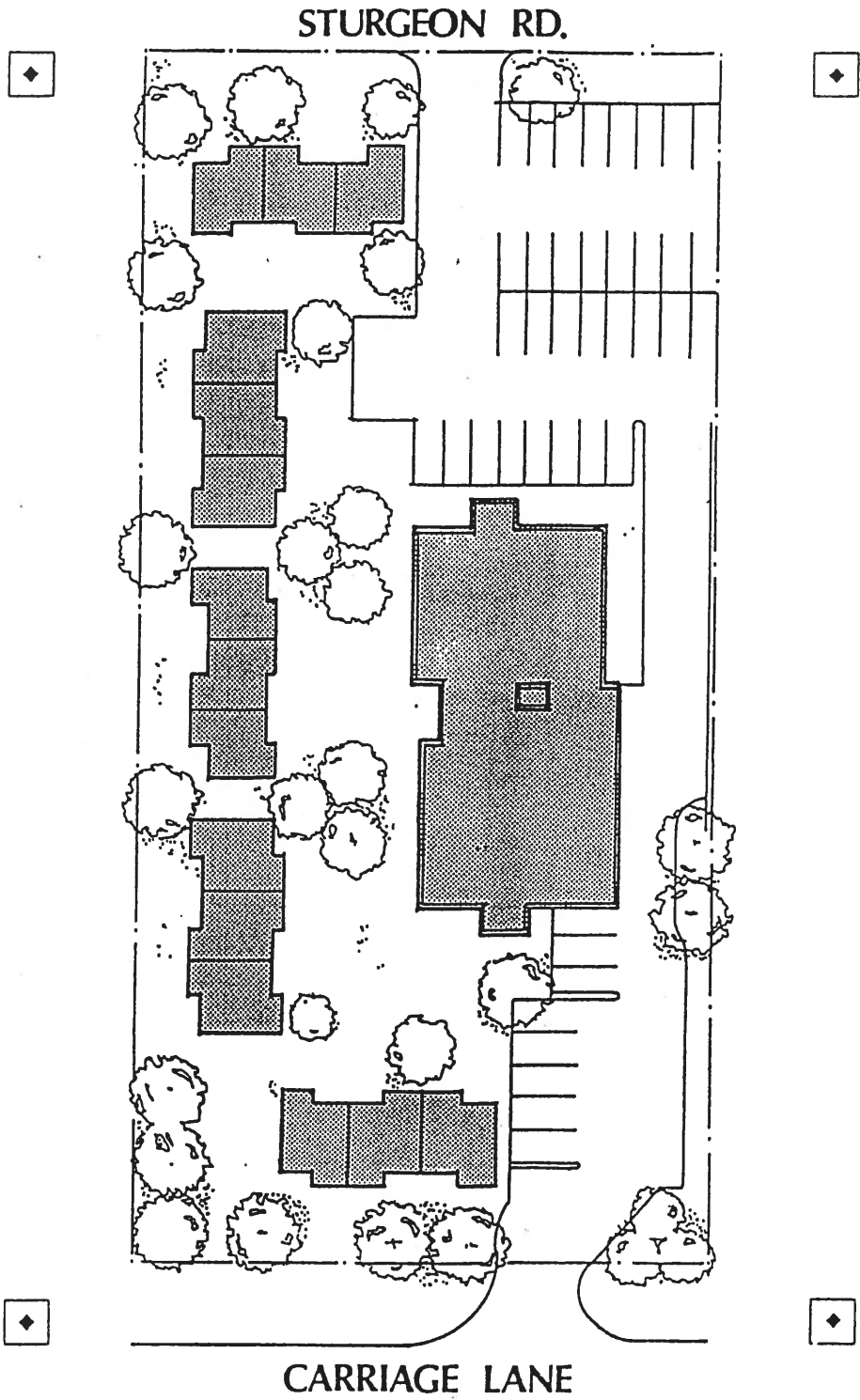
## 1 bedroom



## 2 bedroom

F R I E N D S   H O U S I N G   I N C .

100-890 Sturgeon Road, Winnipeg, Manitoba R2Y 0L2  
Telephone (204)888-8327



MURDOCH



MANAGEMENT

757 Henderson Highway, Winnipeg, Manitoba R2K 2K7  
Tel 982-2000 Fax 669-4509

## **MURDOCH MANAGEMENT PRIVACY POLICY STATEMENT**

### **OUR COMMITMENT**

Our organization is committed to protecting the privacy of the personal information of its employees and clients. We value the trust of those we deal with and of the public, and recognize that maintaining this trust requires that we be transparent and accountable in how we treat the information that is shared with us.

During the course of our day to day business, we gather and use personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of this information is subject to consent. Our privacy policies and procedures are designed to achieve this.

### **DEFINING PERSONAL INFORMATION**

Personal information is any information that can be used to identify a specific individual. This information can include an individual's beliefs or opinions, as well as facts about, or related to, the individual.

### **PRIVACY PRACTICES**

Personal information gathered by our organization is kept in confidence. Our personnel are authorized to access personal information based only on their need to deal with the information for the reason(s) for which it was obtained. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered.

### **WEBSITE AND ELECTRONIC INFORMATION**

Murdoch Management has no confidential information or tenant information stored on any website. Electronic personal information is password protected.

### **UPDATING OF PRIVACY POLICY**

We regularly review our privacy practices for our various activities and update our policy accordingly.

### **CONTACT INFORMATION**

Questions or concerns relating to Murdoch Management's privacy policy regarding the treatment of personal information should be mailed to our office at 757 Henderson Highway, Winnipeg, Manitoba, R2K 2K7. Attention: Privacy Officer