

APPLICATION FOR RESIDENCY



Villa Cabrini Inc.
Senior Citizens Residence

c/o MURDOCH MANAGEMENT INC.
757 HENDERSON HIGHWAY
WINNIPEG, MB. R2K2K7
PHONE: 982-2000 FAX: 669-4509

Application For Residency All Questions Must Be Completed and returned

Note: We will contact you if a suitable suite becomes available.
Only contact us to update your contact information (i.e. change of address)

1. PERSONAL INFORMATION

Name		Date of Birth	
Address		Telephone	
City, Province		Work Phone	
Postal Code		E-mail	
Co-Applicant		Date of Birth	

2. LIST ALL PERSONS RESIDING WITH APPLICANT

Name		Name	
Relation		Relation	
Age		Age	
How many bedrooms required?		Would you require parking? How many?	
Are you or any member of your household physically handicapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many members are handicapped?	
If so, please describe the nature of handicap.			

3. AUTHORIZATION FOR PERSONAL INVESTIGATION

I/We hereby authorize Villa Cabrini Inc. or its agent to conduct a complete personal and credit investigation. I/We declare that to the best of my knowledge the information provided herein to be correct.	
Signature of Applicant	
Signature of Applicant	

4. REFERENCES

Name		Name	
Address		Address	
Phone		Phone	
Relation		Relation	

5. RENTAL INFORMATION

Present address		Landlord	
Postal Code		Landlord Phone	
Rent (\$)			
Previous Address		Landlord	
Postal Code		Landlord Phone	
Rent (\$)			

6. INCOME INFORMATION

Canada Pension		Private Pension	
Old Age Security		Annuity Income	
Guaranteed Income Supplement		Investment Income	
Employment Income		Other	

7. SUBSIDY INFORMATION

Do you require subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional comments concerning the project	
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8. EMERGENCY CONTACT

Name	
Address	
Phone Number	

9. ADDITIONAL INFORMATION

Are you presently residing in a Public Housing Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments or concerns	

MURDOCH



MANAGEMENT

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

PERSONAL INFORMATION PROTECTION STATEMENT

As Property Managers we wish to advise you that the PIPEDA is a federal law that protects the privacy of personal information. The Act regulates the collection, use, and disclosure of personal information by organizations. Organizations that collect personal information are responsible for what they collect and how they use it.

I agree that Murdoch Management Inc, may collect personal information about me which may include the following:

Contact information, household size and composition, household income and source of that income, place of employment, credit report, housing charge payment or rental payment record, age, birthdates, social insurance numbers (on Certified copies of Income Tax Reports), gender, medical information, any incidents of property damage, complaints filed by others concerning the household, pet information, vehicle information, next of kin and emergency contact information.

By signing this consent form, I agree that Murdoch Management Inc, may keep this information, and agree that this information may be made available to the following:

Office staff; Board of Directors; Member Selection and other Committees; Utility Companies; Auditors; C.M.H.C.; Manitoba Family Services and Housing.

I understand that Murdoch Management may use this information to:

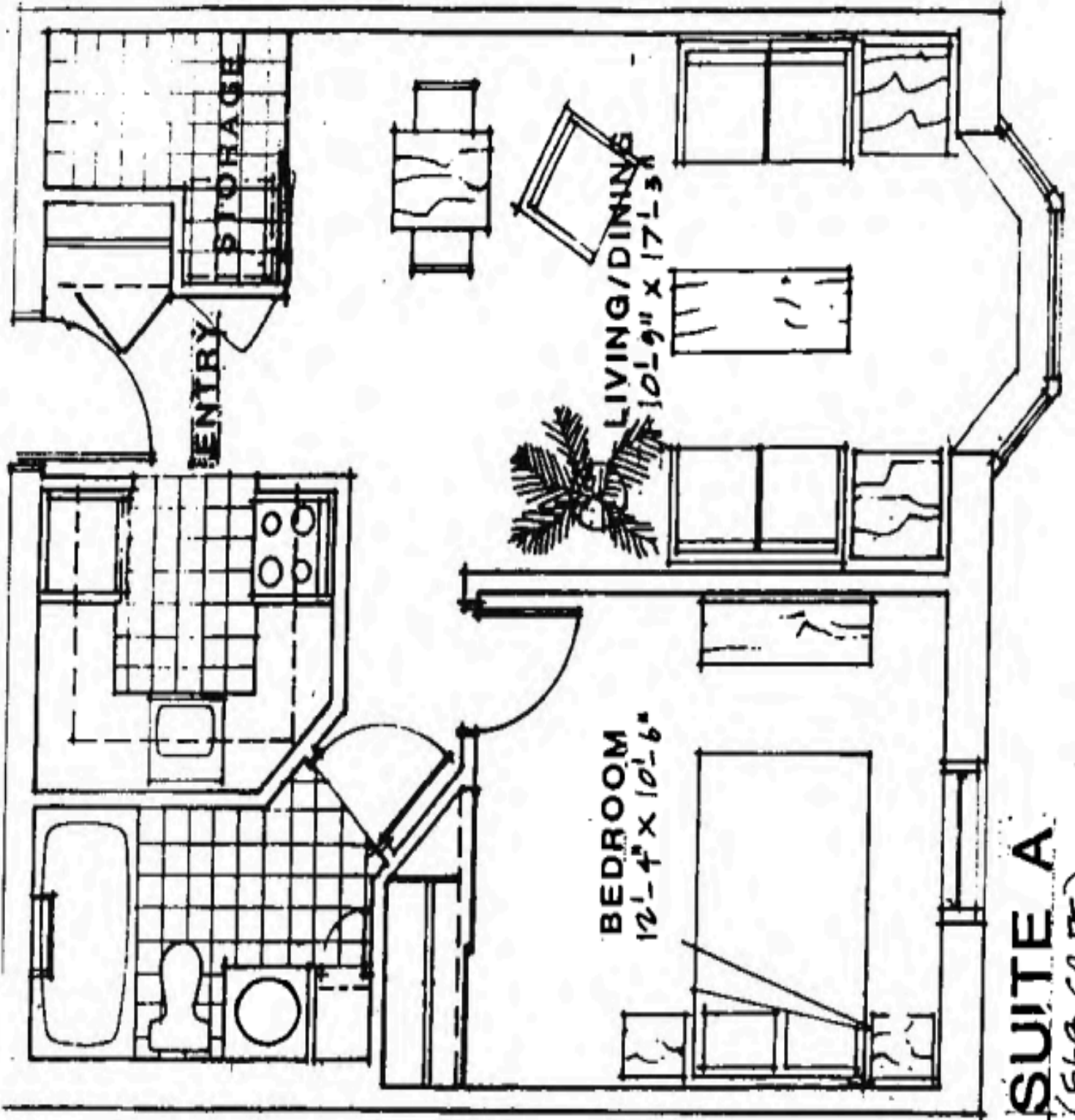
- Contact me about this application
- Comply with the group's operating agreement or program rules
- Decide if I qualify for a subsidy and then calculate the subsidy
- Decide if I qualify for an internal move
- Compile reports for C.M.H.C. and Manitoba Family Services and Housing

The PIPEDA requires us to designate a person responsible for handling questions or complaints about how we use and protect personal information. If you have any questions or concerns, please contact Murdoch Management's Personal Information Protection Officer, Shirley Shelest at 982-2000.

I understand that Murdoch Management will destroy personal information 7 years after move out or after 6 months if I/we are not accepted, and I/we have read and received a copy of this statement.

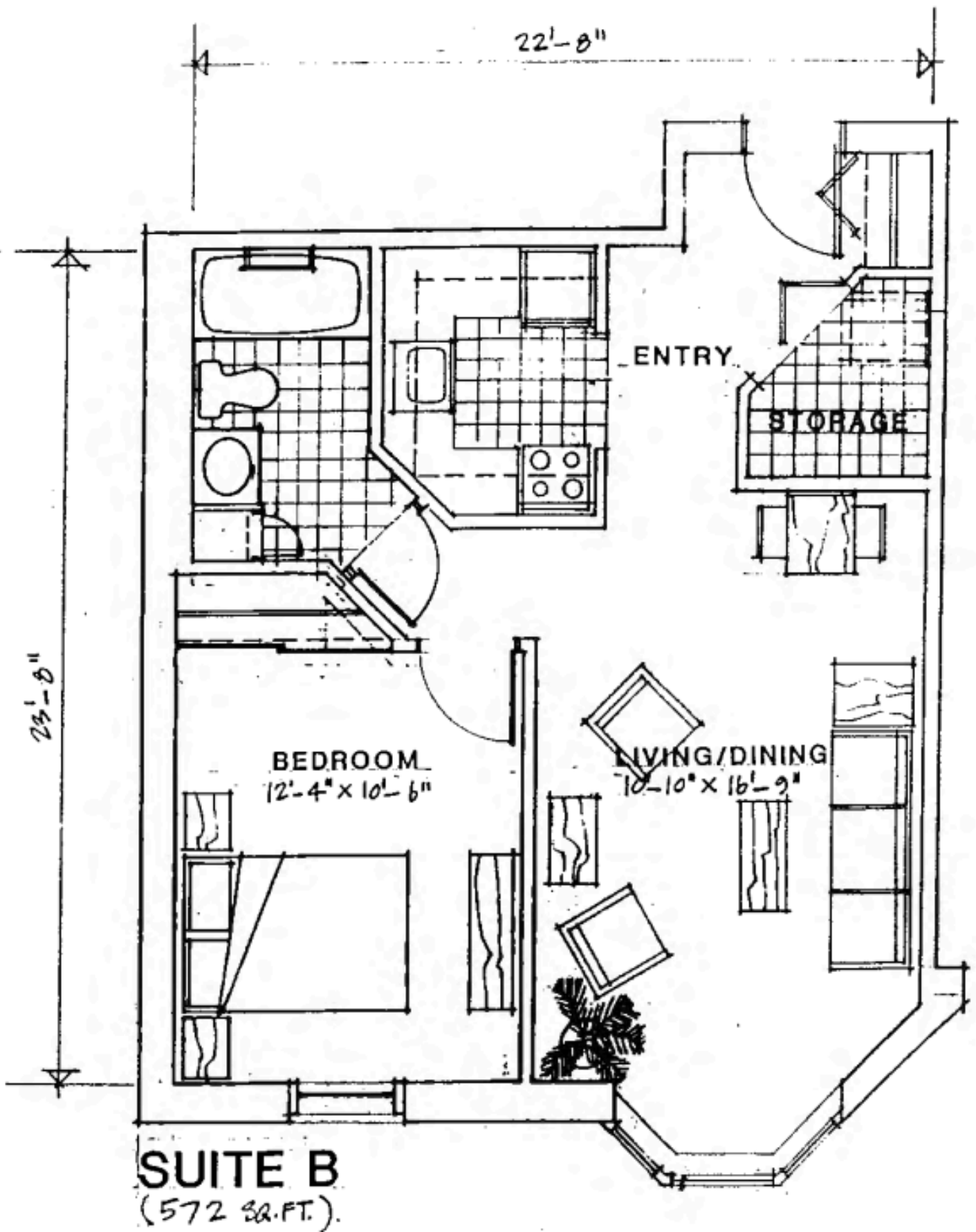
SIGNATURES REQUIRED

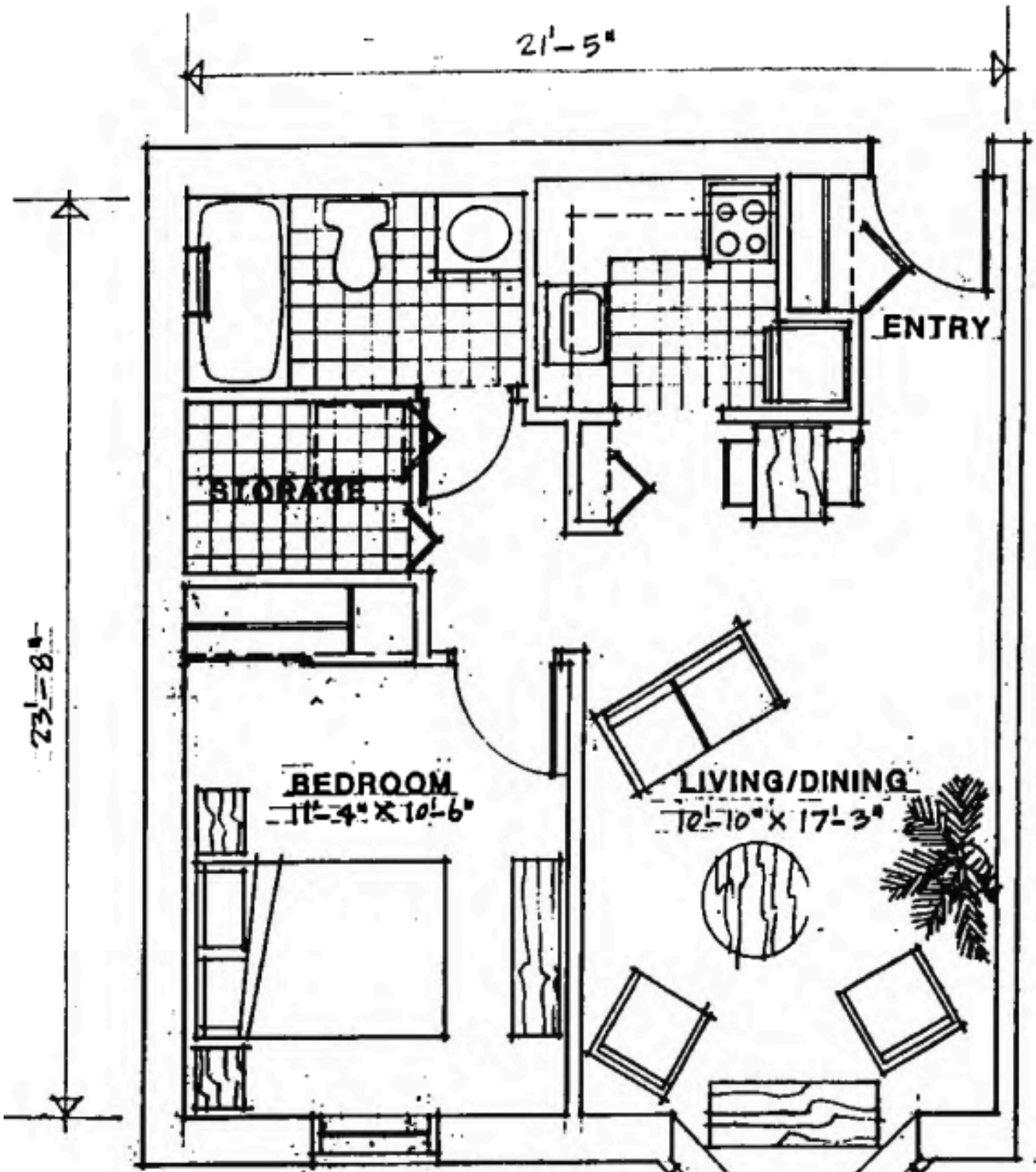
Signature of Applicant		Date	
Signature of Applicant		Date	



SUITE A
(568 SQ. FT.)

23'-8"





21'-5"

ENTRY

STORAGE

BEDROOM

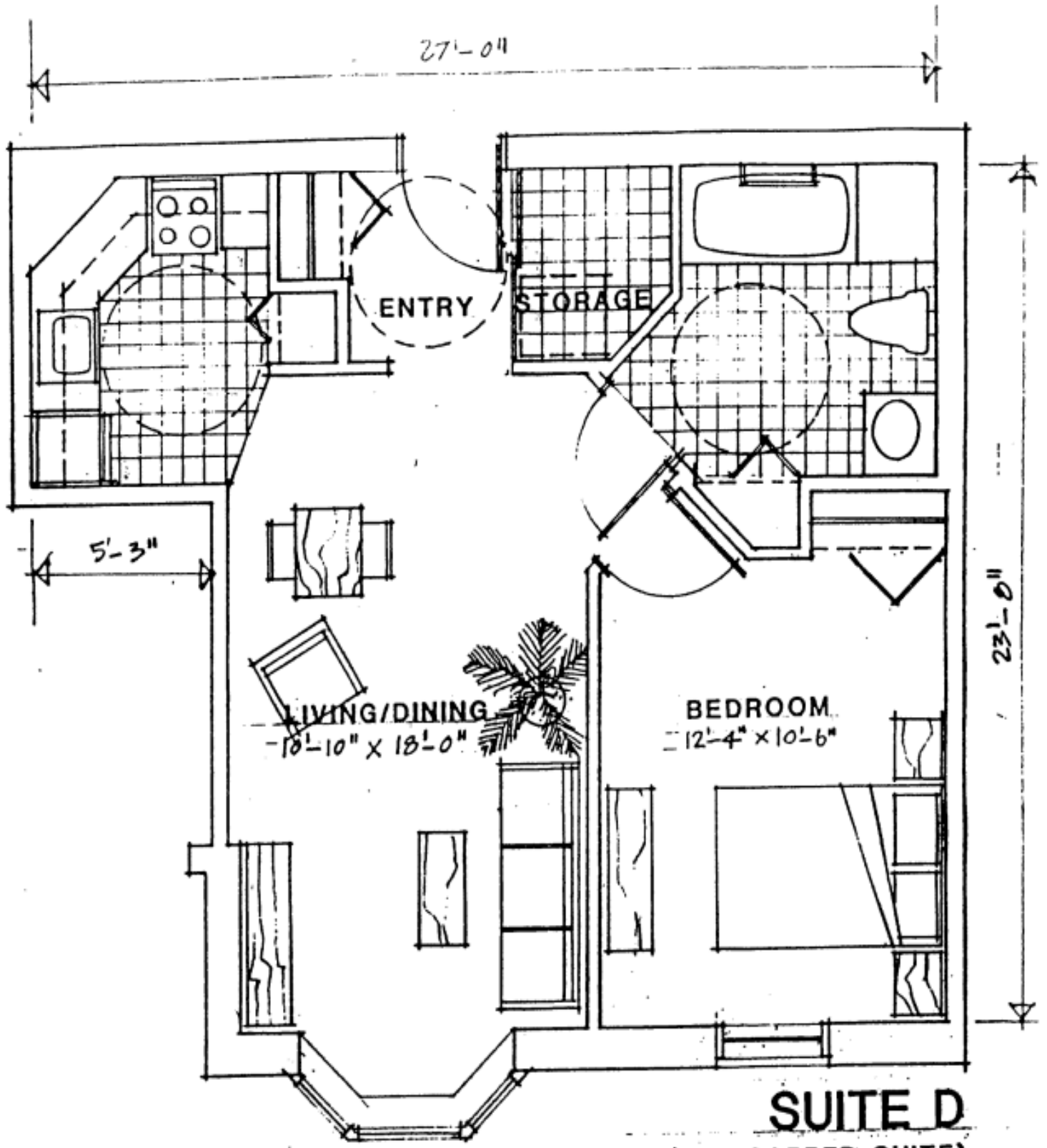
11'-4" X 10'-6"

LIVING/DINING

12'-10" X 17'-3"

23'-8"

SUITE C
(554 SQ. FT.)



SUITE D
 (HANDICAPPED SUITE).
 (648 SQ. FT.)