

CANADIAN LEGION MEMORIAL HOUSING FOUNDATION (MANITOBA)

**Answer all questions. Do not leave blanks. If answer is "NONE" write the word "NONE".
Fill in blanks in Item #15. Incomplete forms will be returned. You do not need to
complete the 4th Page at the present time.**

CONFIDENTIAL

Application for suite for one (1) person (or two (2) persons) in Canadian Legion Gardens, 675 Talbot Avenue, Winnipeg; Legion Crest Apartments, Corner Grant & Lilac, Winnipeg; and Legion Tower, Corner Horace & Kenny, Winnipeg.

1. Name: _____ (please print)
(Mr/Mrs) (Surname) (Given Names)
2. Address: _____

3. Date of Birth: _____ Age: _____ Telephone No.: _____
4. Name of other proposed occupant, if any, and relationship to Applicant:
_____ Birth Date: _____ Age: _____
5. Last three (3) places of residence during past ten years:

From _____ 20__ To _____ 20__

From _____ 20__ To _____ 20__

From _____ 20__ To _____ 20__
6. Description of Present Living Accommodation: _____

7. My monthly rental for the above is \$_____.
Rental includes (specify furniture, food, etc.) _____
8. Reason for wanting to leave present accommodation: _____

9. Names and addresses of present and at least one (1) former landlord. (State period of tenancy in each case.)
- (1) _____
- (2) _____
10. Particulars of War Service of Self or Spouse:
- (a) Unit _____ (b) Regimental No. _____
- (c) Length of Service _____ (d) Place of Service _____
- (e) If applicant a Widow, Spouse's Full Name _____
11. Are you or your spouse suffering from any physical ailment or disability? _____
- If "yes", who and what? _____
- What is the general state of your health? _____
- Name and Address of your Doctor _____
- What is the general state of health of other proposed occupant? _____
- _____
12. Present financial obligations (other than rent). State briefly amounts and to whom owed:
- _____
13. (a) Present Employer _____
- Date Commenced Employment _____
- For Reference Contact _____
- (b) Previous Employer _____
- From _____ To _____
- For Reference Contact _____
14. Do you own a car? _____ If "yes", year and make _____
15. Do you own furniture? _____ Is money owing on furniture? _____

16. Following is a correct statement of our (my) financial position:

Husband	Monthly Income	Wife
_____	Old Age Pension & Supplement	_____
_____	Veterans Disability Pension	_____
_____	War Veterans Allowance	_____
_____	Other Income – State Source	_____
_____	Total Monthly Income	_____

Assets

_____	Real Estate Owned Address & Market Value	_____
_____	Cash on Hand	_____
_____	Cash in Bank	_____
_____	Name & Address of Bank	_____
_____	Bonds – Kind and Value	_____
_____	Stocks – Companies & Value	_____
_____	Other Assets (Not Furniture or Car)	_____

17. Have you transferred, sold or given away during the last three (3) years, any real estate, stocks, bonds, or other assets? If "yes", give particulars. _____

18. Give additional information which might help consideration of your application. _____

19. Nearest relative (if none in this vicinity give closest friend):
Name _____ Relationship _____
Address: _____

20. Give two (2) local character references:
Name: _____ Address: _____
Name: _____ Address: _____

I hereby authorize the Foundation or its Agent to make any inquiries deemed necessary to verify the above facts.

I understand the following are the general requirements in respect to rental of a housing unit:

1. Only one (1) person may occupy a single person's suite.
2. No pet animals allowed.
3. One (1) occupant of a unit must be 60 years of age or over, but consideration will be given to a disabled person under 60 years.
4. Income must not exceed \$_____ a month for a single person but income of a single person may be \$_____ a month during the first year, following the death of his or her spouse.
5. Income of a couple must not exceed \$_____ a month.
6. Preference for War Veterans and Widows of Veterans and Widows in receipt of a dependent parent's pension in respect of a son killed on war service.
7. Preference for residents of Manitoba and Northwestern Ontario.
8. Rent is payable in advance on the 1st day of each month. Couple's suites have a bedroom. Single suites are bachelor suites, about 14 feet x 20 feet, self-contained and consist of combination bedroom, living room and kitchen, and bathroom. Laundry facilities, electric stoves and refrigerators are supplied. Thermostats and telephone outlets are installed in each suite. There are lounges or recreation rooms for the use of all tenants. All utilities are included in the rent, also air conditioning units are in all suites.
9. Where there is plug-ins available at a feasible cost per month, parking for cars is on a waiting list basis in all three (3) locations. The running of extension cords is strictly prohibited.

Unit	Bachelor	One (1) Bedroom
CANADIAN LEGION GARDENS 675 Talbot Avenue, Winnipeg, MB R2L 0R9		
LEGION CREST APARTMENTS 819 Grant Avenue, Winnipeg, MB R3M 1Y1		
LEGION TOWER 270 Kenny Street, Winnipeg, MB R2H 2E6		

AFFIDAVIT

DATED AT _____ this _____ day of _____ 20__.

X _____

(Signature of Wife)

X _____

(Signature of Applicant)

CANADA)
Province of Manitoba)

TO WIT:)

I, _____)
(Full name of Applicant)

of the _____ of _____)

in the Province of Manitoba, Make Oath and Say:

THAT THE INFORMATION SET OUT IN THE
WITHIN APPLICATION IS TRUE

SWORN BEFORE ME AT THE)

_____ of _____)

X _____

(Signature of Applicant)

In the Province of Manitoba this)

_____ day of _____ 20 ____)

X _____

A Commissioner of Oaths in and for the Province
of Manitoba. My commission expires

_____ 20__

NOTE:

1. The above Affidavit does not have to be completed when application is filed, but if Affidavit is not sworn in the first place, it will have to be sworn before possession of a suite can be obtained.
2. Even if your income is so low that you feel you cannot pay the anticipated rent, please complete and file this application.
3. Mail all applications to:

Canadian Legion Memorial Housing Foundation (Manitoba)
47 Cascade Bay
Winnipeg, MB R2J 1W2
Telephone No.: 204-669-9969