



**FRED DOUGLAS**  
SOCIETY



200 – 1080 Portage Avenue  
Winnipeg, MB R3G 3M3  
TEL: (204) 942-0991  
FAX: (204) 957-5829  
email: [admin@sam.mb.ca](mailto:admin@sam.mb.ca)  
website: [www.sam.mb.ca](http://www.sam.mb.ca)

**Fred Douglas Apartments**

Bachelor   
One Bedroom

Parking Required

**Fred Douglas Courts**

Bachelor   
One Bedroom   
Two Bedroom

Parking Required

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**PRESENT ADDRESS**

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

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

**PREVIOUS ADDRESS IF LESS THAN 3 YEARS**

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

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

**PRESENT LANDLORD**

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

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

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

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

Immediately       3 Months       6 Months       1 Year       2+Years

**DO YOU CURRENTLY RECEIVE HOMECARE OR OTHER SUPPORT SERVICES?**      Yes       No



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**PLEASE SPECIFY YOUR MOST IMPORTANT HEALTH CONCERNS:**

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**HOMECARE CASE  
COORDINATOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SUPPORT SERVICE  
WORKER/COORDINATOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**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: \_\_\_\_\_

**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:**

Friend \_\_\_\_\_ Ad (where) \_\_\_\_\_ Building Signage \_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_



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**DECLARATIONS**

I/We declare the information contained in this application is true and correct and hereby authorize Fred Douglas Society and S.A.M. (Management) Inc.’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 S.A.M. (Management) Inc. to provide accommodation.

I/We hereby consent to the collection, use, retention and disclosure of the personal information provided to Fred Douglas Society and/or S.A.M. (Management) Inc. 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 and/or S.A.M. (Management) Inc., normal business operations would include disclosure by Fred Douglas Society and/or S.A.M. (Management) Inc., 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 and/or S.A.M. (Management) Inc. 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 and/or S.A.M. (Management) Inc. in writing.

I/We am/are authorized to disclose to Fred Douglas Society and/or S.A.M. (Management) Inc. 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 and/or S.A.M. (Management) Inc. 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 Abell Pest Control 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.

Print Applicant Name	Application Signature	Date
Print Applicant Name	Applicant Signature	Date

<b>FOR OFFICE USE ONLY:</b>		
<b>Received By:</b>	<b>Date:</b>	<b>Application #:</b>