

D.O.T.C. HOUSING AUTHORITY INC. APPLICATION FOR ACCOMMODATIONS

*****PLEASE FILL IN ALL THE BLANKS*****

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE INDICATE LOCATION(S) REQUIRED

___ BRANDON ___ VIRDEN ___ WINNIPEG ___ ALTONA ___ PORTAGE LA PRAIRIE

PLEASE INDICATE TYPE OF HOUSING REQUIRED

___ MARKET RATE (SET RATE) ___ SUBSIDIZED (BASED ON INCOME)

NAME: _____ DOB: _____

MAILING ADDRESS: _____ CITY _____ POSTAL CODE: _____

PHONE: (H): _____ (W): _____ (MESS:): _____

PRESENT RENT: _____ # of BDRMS.: _____ HOW LONG? _____ NOTICE REQUIRED: _____

___ SPOUSE OR ___ ROOMMATE: NAME: _____ AGE: _____

NUMBER OF DEPENDENTS: _____

_____ DOB: _____ _____ DOB: _____

_____ DOB: _____ _____ DOB: _____

_____ DOB: _____ _____ DOB: _____

SOURCE OF INCOME

APPLICANT

CO-APPLICANT

PLEASE INDICATE THE NAME OF:

___ EMPLOYER ___ WORKER ___ SPONSOR _____

POSITION/SPONSORED: _____

MONTHLY INCOME: _____

HOW LONG? _____

**PLEASE ATTACH 3 REFERENCE LETTERS FROM THE FOLLOWING:
PRESENT LANDLORD, A PAST LANDLORD AND A CHARACTER REFERENCE**

****FIRST TIME RENTERS REQUIRE 3 CHARACTER REFERENCES ATTACHED****

**LETTERS MUST BE INCLUDED OR APPLICATION WILL BE CONSIDERED
INCOMPLETE**

HAVE YOU EVER RENTED FROM DOTC HOUSING? WHEN? _____

ACCOMMODATION REQUIRED: ___ 1 bdrm ___ 2 bdrm ___ 3 bdrm ___ 4 bdrm

I AM OF NATIVE DESCENT? _____ BAND: _____ BAND #: _____

HAVE YOU HAD A LEGAL NAME CHANGE IN THE PAST FIVE YEARS? YES OR NO _____

PREVIOUS NAME _____

CONSENT: I/WE AUTHORIZE DOTCHAI TO INVESTIGATE AND OBTAIN FACTUAL INFORMATION REGARDING MY APPLICATION. (ANY FALSE OR MISLEADING INFORMATION WILL BE CAUSE FOR REJECTION OF THIS APPLICATION.)

DATE: _____ SIGNATURE: _____

REASON FOR HOUSING APPLICATION

EMERGENCY CONTACT: NEXT OF KIN: _____

ADDRESS/PHONE: _____

WE DO NOT ALLOW PETS OR BOARDERS. VIOLATORS WILL BE ** EVICTED.**

YOUR APPLICATION WILL BE REMAIN ACTIVE FOR 6 MONTHS.

PLEASE CONTACT THE APPROPRIATE OFFICE TO UPDATE; OTHERWISE YOUR APPLICATION WILL
BECOME INACTIVE.

PLEASE REMIT APPLICATION TO TENANT RELATIONS OFFICER AT APPLICABLE ADDRESS BELOW.

DOTC HOUSING AUTHORITY INC.
P.O. BOX 187
PORTAGE LA PRAIRIE, MB
R1N 3B5
PH: 204-856-5550 or 1-866-856-5550
FAX: 204-239-5208
(WINNIPEG/PORTAGE/ALTONA)

DOTC HOUSING AUTHORITY INC.
#2-345 10TH STREET
BRANDON, MB
R7A 4E9
PH: 204-729-3600
FAX: 204-726-4949
(BRANDON/VIRDEN)

FOR OFFICE USE ONLY:
