



**APPLICATION FOR HOUSING  
E.C.H.O. I, II, III, and/or IV  
Integrated Housing Complexes**

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (Country, Province, City): \_\_\_\_\_

Language(s) spoken understood: \_\_\_\_\_ Sex: F  M  Other

Marital Status: Single  Married  Common Law  Separated  Divorced  Widowed

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

1. Current housing provider's name and phone number: \_\_\_\_\_

\_\_\_\_\_

How long have you lived there? \_\_\_\_\_

**Reason you want to move (please check all that apply):**

Housing-Lack Of  Housing-Unsafe  Housing-Eviction by Landlord  Transient Lifestyle

Mental Health Support  Family/Relationship Breakdown  Agency Placement  New Arrival to Area

Ineligible for Social Assistance  Discharge from Treatment

2. Previous housing provider's name and phone number: \_\_\_\_\_

How long did you live there? \_\_\_\_\_

**Personal References (NOT RELATIVES)**

Note: if you have not rented before, you may require someone to co-sign the application for tenancy agreement.

Must complete in full

Name:	Address:	Phone Number:

We are dedicated to, and value the importance of clean air and health improvement for all. Therefore, this is a **Smoke Free** environment. **Smoking WILL NOT be allowed** in any of the ECHO apartments, rooms or any of the common spaces, hallways, laundry room, public washrooms, offices, meeting rooms, lobbies, mechanical room, etc. Smoking will ONLY be allowed in designated smoking areas outside. **No Pets Allowed.**

Name all persons who will be living with you and your relation to them.

Name	Relation to them	Date of Birth

If someone other than you will be paying rent, please write down their name and telephone number:

\_\_\_\_\_

Do you require a parking space? Yes  No

**Employment Status:**

Attending School Program  Retired  Temporary Layoff  Unable to Work  Employed  Unemployed

Amount of Income per month \_\_\_\_\_

If employed, please provide Employer's name and Phone #: \_\_\_\_\_

**Employment & Income Assistance:**

EIA Case #: \_\_\_\_\_ EIA Office Address: \_\_\_\_\_

EIA Case Worker's Name: \_\_\_\_\_ EIA Worker's Phone#: \_\_\_\_\_

Assistance Type: Disability  General  New Intake

**Additional Information**

A goal of the E.C.H.O. Integrated Housing Complex is to provide 50% of it's living accommodations to persons with a mental health condition. Do you have a mental health condition? Yes  No

If yes, explain: \_\_\_\_\_

Do you have a Criminal Record? Yes  No

If yes, explain: \_\_\_\_\_

Would you require use of any of the following?

Wheelchair or other assisting mobility device

Other mobility issues: \_\_\_\_\_

ECHO Housing Complexes offer Support to Housing Programming to our tenants, this includes support with daily life skills (cleaning, budgeting, cooking, etc.), would you be interested in this service? Yes  No  Maybe

**Self Identity Declaration:**

First Nations: Off-reserve  First Nations: On-reserve  Inuit  Métis  Non-Status  Non-Aboriginal

**Citizenship Status:**

Canadian Citizen-Born in Canada  Canadian Citizen – Born outside of Canada  Permanent Resident Immigrant

Refugee  Refugee Claimant  Student Visa  Visitor Visa

Are you a Veteran? Yes  No

Are you a Home Care Recipient? Yes  No

**Risk of Homelessness:**

Currently Homeless  At Imminent Risk of Homelessness  At Risk of Homelessness (not imminent)

No Risk of Homelessness  Hidden Homelessness  Transitionally Housed  Supportively Housed

**Referred From:**

Employment & Income Assistance  Community Mental Health  Friendship Centre  Crisis Centre

Family  Friend  Other  \_\_\_\_\_

**This is an application for housing only.**

**I understand that it does not guarantee me an apartment at the E.C.H.O. I, II, III, or IV Integrated Housing Complexes**

\_\_\_\_\_  
Date

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

Please return completed application form to:

**SWAN RIVER:**  
CMHA Swan Valley Branch  
Parkland Region  
524 Main Street  
Swan River, MB R0L 1Z0  
Ph: (204)734-2734 or Fax: (204)734-5727

**DAUPHIN:**  
CMHA Swan Valley Branch  
Parkland Region  
109-123 1<sup>st</sup> Ave. S.W.  
Dauphin, MB R7N 1S1  
Ph: (204)638-4097 or Fax: (204)638-4403

**\*\*\*FOR CMHA OFFICE USE ONLY\*\*\***

**Applicant Applying To:**

- ECHO I
- ECHO II
- ECHO III
- ECHO IV

\_\_\_\_\_  
Name of Staff Receiving Application

\_\_\_\_\_  
Date Application Received