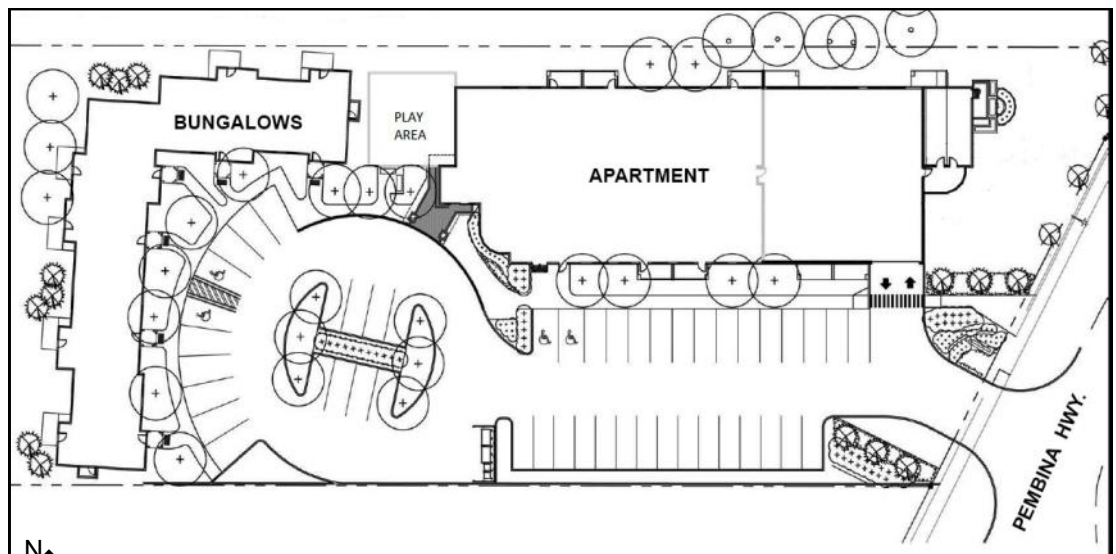




Ten Ten Sinclair Housing Inc.
1010 Sinclair Street
Winnipeg, MB R2V 3H7
www.tenten.mb.ca



Place La Charrette



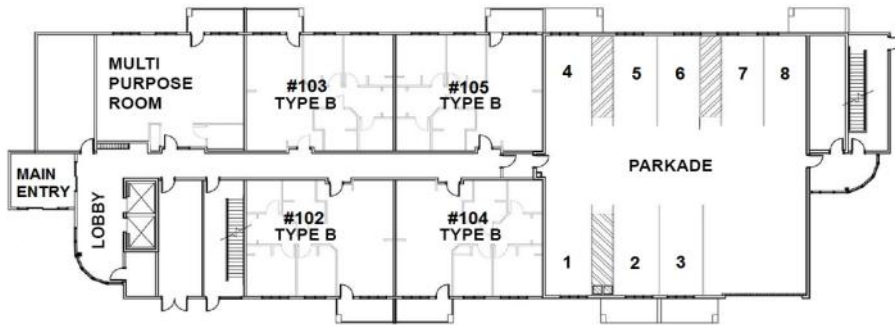
3389 & 3395 Pembina Highway

Revised April 2026

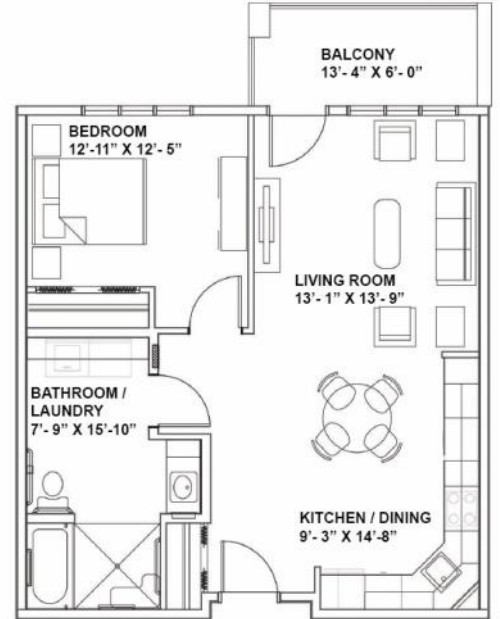
2

Apartments

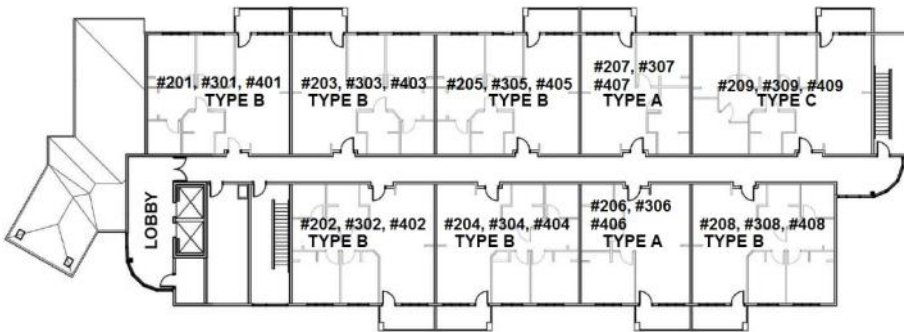
- See below for applicable rental rates. Rates do not include phone, cable, or parking. For subsidized units call for more details.
- Monthly Parking Charge: \$35 outside, \$55 inside
- All dimensions indicated are approximate.
- Fully accessible design features.
- Full set of appliances (fridge, cook top, wall oven, dishwasher, washer & dryer)
- **No smoking and no pet policy.**
- Geothermal heating and cooling system.



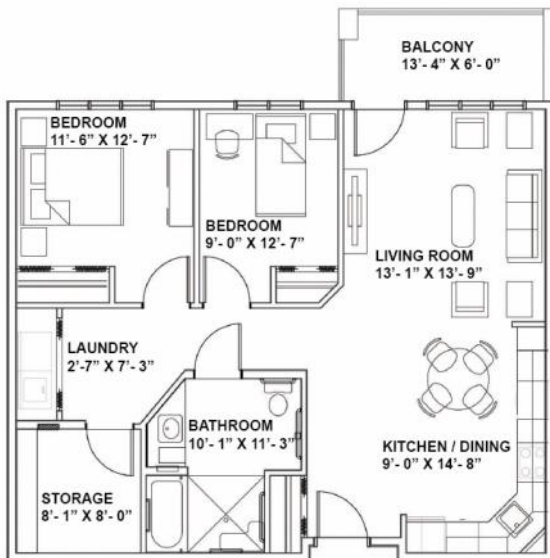
Apartment Main Floor



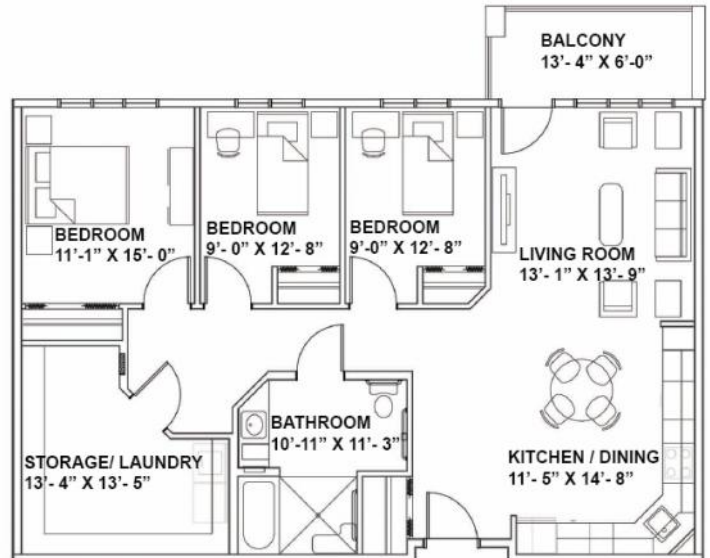
Apartment Unit Type "A"
One Bedroom +/- 804 SF
6 Units Available
Monthly Rent: \$1,073



Apartment Floors Two, Three, and Four



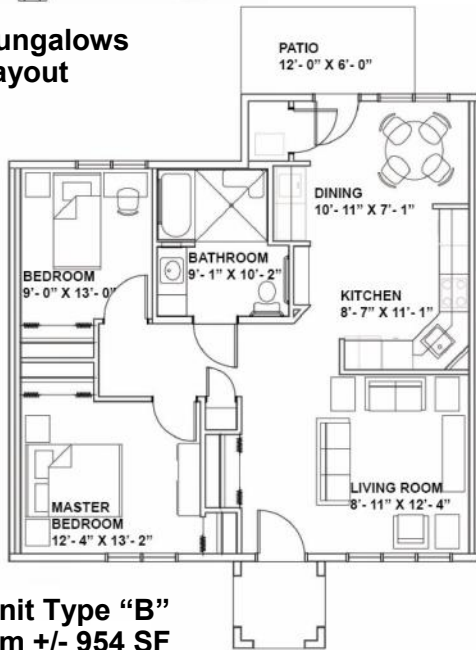
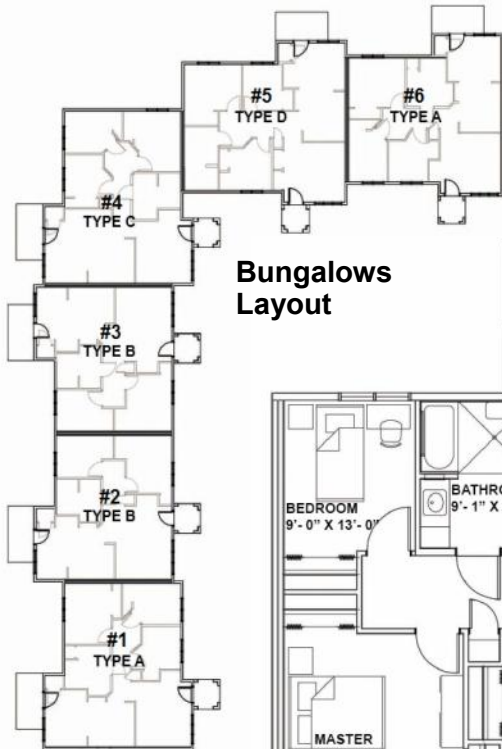
Apartment Unit Type "B"
Two Bedroom +/- 1,045 SF
22 Units Available
Monthly Rent: \$1,340



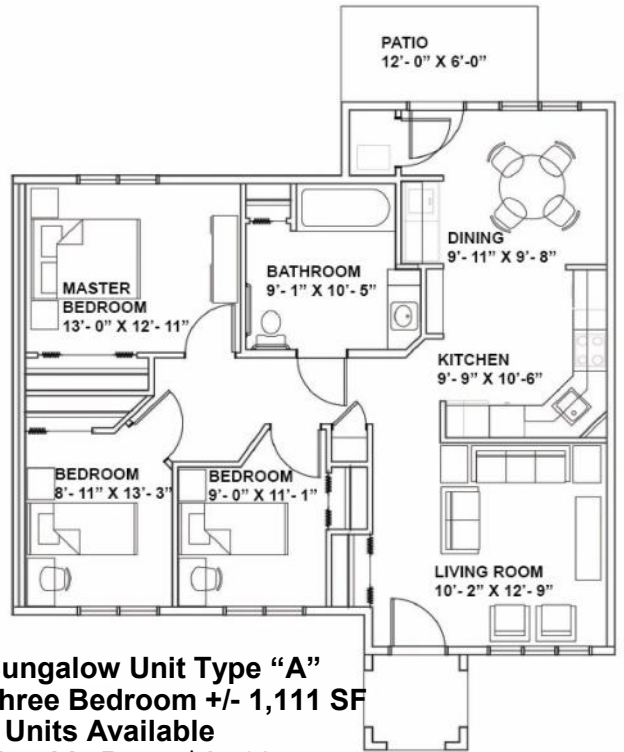
Apartment Unit Type "C"
Three Bedroom +/- 1,314 SF
3 Units Available
Monthly Rent: \$1,408

Bungalows

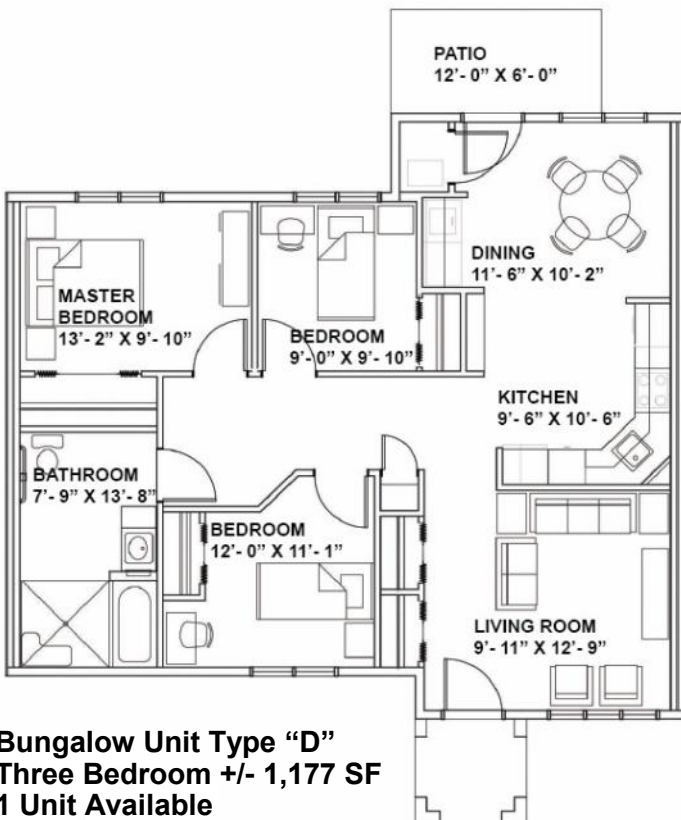
3



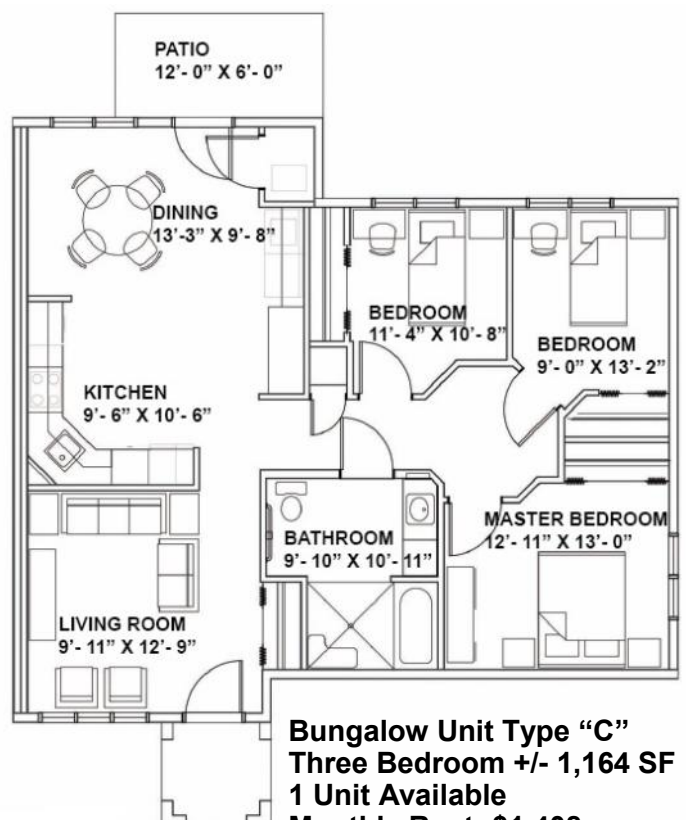
Bungalow Unit Type "B"
 Two Bedroom +/- 954 SF
 2 Units Available
 Monthly Rent: \$1,340



Bungalow Unit Type "A"
 Three Bedroom +/- 1,111 SF
 2 Units Available
 Monthly Rent: \$1,408



Bungalow Unit Type "D"
 Three Bedroom +/- 1,177 SF
 1 Unit Available
 Monthly Rent: \$1,408



Bungalow Unit Type "C"
 Three Bedroom +/- 1,164 SF
 1 Unit Available
 Monthly Rent: \$1,408



For leasing information call:
204-339-9268



Place La Charrette
3389 & 3395 Pembina Hwy
Winnipeg, MB
R3V 1A2

Place La Charrette Application Form

APPLICANT INFORMATION

Applicant: _____ Phone number(s): _____

Co-applicant: _____ Email: _____

Mailing Address: _____ City/Town: _____ Postal Code: _____

OCCUPANCY INFO- to adhere to national occupancy standards and to determine initial eligibility complete the following for **ALL** household members:

Name	Birthdate DD/MM/YYYY	Gender	Social Insurance Number (For household income earners only)	Relationship
				Applicant

Is any member of your household pregnant? Yes No (If yes, please attach a doctor's or midwife's note with the due date)

1. Does anyone in your household have a physical disability which affects their level of mobility? Yes No

If yes, please describe, and/or state any need for mobility aids/equipment: _____

2. Will you require parking? Yes No If yes, how many stalls? _____

3. Are you prepared to move as soon as a unit becomes available? Yes No If no, when are you prepared to move? _____

4. Government support in Place La Charrette requires that the annual household income of tenants not exceed \$93,500 for households with dependents and \$70,00 for single and two person households without dependents. Please indicate your total annual **household** income as reported on your most recent Canada Revenue Agency Notice of Assessment form (Line 150) \$ _____.

5. A number of units in Place La Charrette will have rents reduced further by additional government subsidy. These units will only be available to low income households. Tenants for these units will be selected based on need and rent will be based on household income. Are you interested in applying for one of these low income units? Yes No

6. Present Address

Present Landlord	
Landlord's Phone Number	
Rent Amount	
Occupied From (month/date/year)	(_____/_____/_____) To (_____/_____/_____)
Reason for Vacating	

7. Previous Housing

A)

Previous Address	
Previous Landlord	
Landlord's Phone Number	
Occupied From (month/date/year)	(_____ / ____ / _____) To (_____ / ____ / _____)
Reason for Vacating	

B)

Previous Address	
Previous Landlord	
Landlord's Phone Number	
Occupied From (month/date/year)	(_____ / ____ / _____) To (_____ / ____ / _____)
Reason for Vacating	

8. Income Information

- All applicants over the age of 18 must fill out this section.
- Please complete the information that is applicable to you.

Applicant 1 (Name) _____

A) Employer's Name:	Employer's Phone Number:
Date Employed:	Monthly Income:

B) Income Assistance Worker:	Phone Number:
------------------------------	---------------

C) Other Income _____

Applicant 2 (Name) _____

A) Employer's Name:	Employer's Phone Number:
Date Employed:	Monthly Income:

B) Income Assistance Worker:	Phone Number:
------------------------------	---------------

C) Other Income _____

Applicant 3 (Name) _____

A) Employer's Name:	Employer's Phone Number:
Date Employed:	Monthly Income:

B) Income Assistance Worker:	Phone Number:
------------------------------	---------------

C) Other Income _____

9. Declarations

- *I/We understand that submission of this form, or does not obligate Ten Ten Sinclair Housing Inc. to offer an available suite*
- *I/We declare the information contained in this application is true and correct.*
- *I/We hereby authorize Ten Ten Sinclair Housing Inc.'s employees to conduct investigations as may be required to process this application.*
- *I/We understand that Ten Ten Sinclair Housing Inc. reserves the right to request additional information and conduct a personal investigation prior to offering me/us a lease. I/we understand that any information collected will be kept strictly confidential and will be used only for the intended purpose of the application process.*

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

Mail completed application to:

**Ten Ten Sinclair Housing Inc.
1010 Sinclair Street, Winnipeg, MB R2V 3H7**