

AN APPLICATION FOR HOUSING

- If you need assistance completing the application, please call 945-4663 or toll-free at 1-800-661-4663 or visit one of our Manitoba Housing leasing offices or email us at housing@gov.mb.ca.
- If you require a translator but do not have one, Manitoba Housing will assist in accessing this service for you.
 - Please allow yourself some time to meet with an intake specialist to review your application form.

INFORMATION MANITOBA HOUSING NEEDS FROM YOU WHEN YOU APPLY

Proof of Identity

You and your co-applicant must provide photo identification with your signature when you submit your application. If you do not have photo identification with a signature you can submit two of the following:

- Birth Certificate
- Social Insurance Card
- Commemoration or Certificate of Canadian Citizenship
- Manitoba Health Card

Proof of Permanent Resident or Refugee Status

If you are an immigrant, refugee or refugee claimant, to apply, you need one of the following documents issued by Citizenship and Immigration Canada:

- Permanent Resident Card
- IMM1000 (for those who became a permanent resident prior to June 28, 2002)
- IMM5292 (Confirmation of Permanent Residence)
- IMM1442 (Refugee claimants only)

If you are sponsored, have a student or visitor visa, you cannot apply.

Income Documents

You and your household members must provide proof of current income. Manitoba Housing needs to know all sources of your total gross household income.

Certified Copy of Income Tax

You and your household members must provide a certified copy of your most recent income tax return or you can complete the consent to release your certified income tax located on the last page of this application.

If you own your own business, you will be required to provide a certified copy of the most recent income tax form or a statement of income and expenses prepared by an accountant or independent bookkeeping service.

Please call 1-800-959-8281 to request a copy of your certified income tax, or visit CRA internet website www.cra.gc.ca

Custody Documents

If you hold legal custody of your children you will be eligible for family housing. Please provide copies of custody documents including any of the following:

- Court documents from the Court of Queen's Bench (Family Division)

- Certified print out of Child Tax Benefit (CTB) listing all eligible dependants
- Child Family Services (CFS) – Letter confirming children under care and with date of expected return
- Employment Income Assistance Budget Letter (EIA) listing all household members
- Foster Children (listing dependant(s) in care)
- GST Tax Credit (listing all eligible dependants)
- Letter from Legal Aid
- Notarized letter from other parent stating custody arrangement
- Referral documents (from agencies advocating on behalf of their client)
- Universal Child Tax Benefit (listing all eligible dependants)

Medical Documents

If you have a medical condition that directly affects your current housing situation, you must provide the following information so Manitoba Housing can assist you in finding the right housing for you.

- Manitoba Housing medical consent form must be completed by a health care provider
- If any member(s) of your household is pregnant, please attach a doctor's note confirming the due date

Other Information Manitoba Housing needs to know about your current situation

- If you have been given a notice to vacate without cause please include a copy.
- If you have been given a notice/order from the Health Department to vacate current residence for reasons such as fire, flood, building being demolished, unsafe, please provide a copy.
- If you have any referrals from outside agencies that indicate that you need housing assistance please provide a copy.
- If you own a house and/or property, you will need to provide copies of its assessed property value.
- If your house and/or property has been sold or in foreclosure in the last 12 months, you will need to provide documented proof from the sale of the house and/or property.
- If you have a letter of Power of Attorney please provide a copy.

Note: Any and all support documents are welcome on behalf of all applicants applying for housing.



Application Intake Office Use Only

Date received: _____ Points assessment: _____ Current application number: _____

Application received by: _____ Bedroom size: _____

Manitoba Housing Application

PLEASE ENSURE ALL SECTIONS HAVE BEEN COMPLETED FULLY IN INK. APPLICATIONS WITH MISSING INFORMATION CANNOT BE ASSESSED AND WILL BE RETURNED TO YOU FOR COMPLETION.

The information provided on this application form will be used to determine your eligibility for Manitoba Housing. All applicants will be notified in writing of the status of their eligibility after the assessment is completed by Manitoba Housing.

SECTION 1

IF YOU ARE THE APPLICANT PLEASE COMPLETE THIS SECTION:

Last Name _____ First Name _____ Middle Name _____

Other Names (ex: maiden name, also known as) _____

Social Insurance Number _____ Date of Birth: _____
(Day/Month/Year)

Current Address _____

City/Town _____ Province _____ Postal Code _____

Mailing Address (if different from current address) _____

City/Town _____ Province _____ Postal Code _____

Home Telephone Number () _____ Work Number () _____

If you don't have your own phone number, please list an alternate phone number with the name and relationship of the contact person.

() _____

Gender: Male Female

Marital Status: Single Married/Common Law Separated Divorced Widow(er)

Proof of Status in Canada:

Canadian Citizen Permanent Resident Sponsored Immigrant Refugee Claimant

IF YOU ARE A CO-APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION:

Last Name _____ First Name _____ Middle Name _____

Relationship to Applicant _____

Other Names (ex: maiden name, also known as) _____

Social Insurance Number _____ Date of Birth: _____
(Day/Month/Year)

Current Address _____

City/Town _____ Province _____ Postal Code _____

Mailing Address (if different from current address) _____

City/Town _____ Province _____ Postal Code _____

Home Telephone Number () _____ Work Number () _____

If you don't have your own phone number, please list an alternate phone number with the name and relationship of the contact person.

() _____

Gender: Male Female

Marital Status: Single Married/Common Law Separated Divorced Widow(er)

Proof of Status in Canada:

Canadian Citizen Permanent Resident Sponsored Immigrant Refugee Claimant

DEPENDENT INFORMATION (Please list all household members that will permanently reside in your household):

Last Name	First Name	Middle Name	Date of Birth Day/Month/Year	Gender: (M / F)	Relationship to Applicant
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
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_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Is any member of your household pregnant? Yes No (if yes, please attach a doctor’s note confirming due date)

Please list the town(s) or Winnipeg area(s) in which you would be willing to live (for a list of towns or areas please contact your local Manitoba Housing leasing office):

**SECTION 2
AFFORDABILITY**

- What is your monthly rent or mortgage payment? \$ _____
 Utilities ARE included in my rent Utilities ARE NOT included in my rent
 Employment and Income Assistance (EIA)/Social Assistance pays all utilities directly.
- If your utilities ARE NOT included with your rent, what is your utility cost:
 Electric (monthly): \$ _____ Heat/Gas (monthly) \$ _____ Water (quarterly) \$ _____
- Do you owe utility arrears: Yes No If yes explain: _____
 Electric: \$ _____ Heat/Gas \$ _____ Water \$ _____

4. What is your total gross monthly income? (Please ensure all income in the household is included)

Source of Income:	Applicant	Co-Applicant	Other Household Member	Source of Income :	Applicant	Co-Applicant	Other Household Member
Total Gross Income	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Alimony/ Maintenance	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Employment	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Education Income/ Student Grants	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> EIA/Social Assistance	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Self-employment	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Employment Insurance	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Workers Compensation	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Canada Pension Plan (CPP)	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Rental Income	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Old Age Security (OAS)	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Farm Income	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 55 Plus Benefits	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Business Income	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Dept. of Veteran Affairs	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Interest from banks, investments (GIC, RIF, RRSP)	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Superannuation, Private Pension, Disability	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Other please explain _____	\$ _____	\$ _____	\$ _____

ASSET DETAILS

5. What assets do you own?

	Applicant Net Value	Co-Applicant Net Value	Other Household Member Net Value		Applicant Net Value	Co-Applicant Net Value	Other Household Member Net Value
<input type="checkbox"/> House	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Cash/Bank	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Cottage	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Land Holdings	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Farm with or without buildings	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Investments (RRSP, Stocks, Bonds, etc)	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Business	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Other please explain _____	\$ _____	\$ _____	\$ _____

6. If employed, attending school or receiving Employment and Income Assistance (EIA) benefits, please provide the following information:

If employed:

Applicant	Co-Applicant	Other Household Member
Name of Employer: _____	Name of Employer: _____	Name of Employer: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

If attending school:

Applicant	Co-Applicant	Other Household Member
Name of Facility: _____	Name of Facility: _____	Name of Facility: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____
Course Start Date: _____	Course Start Date: _____	Course Start Date: _____
Course End Date: _____	Course End Date: _____	Course End Date: _____

If receiving Employment and Income Assistance (EIA):

Applicant	Co-Applicant	Other Household Member
Case Worker Name: _____	Case Worker Name: _____	Case Worker Name: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____
Case Number: _____	Case Number: _____	Case Number: _____

SECTION 3

ADEQUACY

- Are you currently living/staying in: House /apartment Shelter Hotel Boarding house Hospital
 Group home Hostel Other please explain _____
- Are you/your family sharing accommodations with another family? Yes No
How many bedrooms does your current residence have? 0 1 2 3 4 5
What is the total number of adults _____, children _____ living in your current residence (including those listed on your application)?
- Is your current residence in need of repair? Yes No
If yes, please explain: _____
- Are the heating conditions in your current residence hazardous or unsafe? Yes No
If yes, please explain: _____
- Are you/your family members unable to access rooms in your current residence due to physical limitations? Yes No
If yes, please explain: _____
- Do you/your family members share kitchen facilities with non-family members? Yes No
Is there anything that is currently not in working order? Yes No
If yes, please explain: _____
- Do you/your family members share bathroom facilities with non-family members? Yes No
Is there anything that is currently not in working order? Yes No
If yes, please explain: _____

8. Excluding the bathroom does your current home have windows that are broken or cannot be opened as intended?
 Yes No If yes, please explain: _____
9. Is there outdoor play space available for your children within one block of your current residence?
 Yes No If yes, please explain: _____
10. Is your current residence in unhealthy/unsanitary condition (pests infestation, mold, asbestos)?
 Yes No If yes, please explain: _____

SECTION 4
SUITABILITY

Note: Medical confirmation will be required.

Please check the following which apply to you:

1. I/we have a medical condition which directly affects our need for housing?
 Yes No
2. I/we require a mobility/wheelchair access unit because my/our current residence is not mobility/wheelchair accessible
 Yes No
3. I/we require relocation to access support service that promote independent living Yes No
4. I/we require relocation due to medical reasons (need to be closer to support services) Yes No
5. I/we are unable to maintain current home due to medical limitations Yes No
6. I/we currently receive/access other support services. Yes No

If yes, please provide your support service provider contact information:

Applicant

Organization: _____
 Contact Name: _____ Phone Number: _____

Co-Applicant/Other Household Member

Organization: _____
 Contact Name: _____ Phone Number: _____

7. Have you received a notice to move out by your current landlord? Yes No
 If yes, please explain: _____
8. Are you currently homeless? Yes No If yes, where are you staying? _____
9. Are you required to leave your family/friend's home? Yes No
 If yes, please explain: _____
10. Do you require accommodation due to recent fire/flood or other factors beyond your control? Yes No
 If yes, please explain: _____
11. In the past 12 months, has your family size changed due to:
 Gaining foster children Date: _____
 Regaining custody of children Date: _____
 Children in care (Child and Family Services) Date: _____
 Medical separation (personal care home, hospice, etc.) Date: _____
 Marriage separation Date: _____
 Other please explain _____ Date: _____
12. From your current residence, how long does it take you to travel to the services you need to access (ex: work, school, child day care, etc.)?
 Please explain: _____
13. Do you own a vehicle(s)? Yes No
 Do you require a parking stall? Yes No
 Licence Plate Number(s) _____
 Registered to: _____

SECTION 5**APPLICANT LANDLORD INFORMATION**

Please provide your rental history starting with your current landlord information.

1. Current Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MM/YY) _____ Move Out Date (MM/YY) _____
2. Past Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MM/YY) _____ Move Out Date (MM/YY) _____
3. Past Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MM/YY) _____ Move Out Date (MM/YY) _____

CO-APPLICANT LANDLORD INFORMATION

Please provide your rental history starting with your current landlord information.

4. Current Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MY/YY) _____ Move Out Date (MM/YY) _____
5. Past Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MM/YY) _____ Move Out Date (MM/YY) _____
6. Past Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MM/YY) _____ Move Out Date (MM/YY) _____

OTHER HOUSEHOLD MEMBER LANDLORD INFORMATION

Please provide your rental history starting with your current landlord information.

7. Current Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MY/YY) _____ Move Out Date (MM/YY) _____
8. Past Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MM/YY) _____ Move Out Date (MM/YY) _____
9. Past Address _____
 Name of Landlord _____ Phone Number () _____ Fax Number () _____
 Reason for Vacating _____ Move In Date (MM/YY) _____ Move Out Date (MM/YY) _____

AUTHORIZATION AND DECLARATION

I /we understand that this application is not an agreement on the part of Manitoba Housing to provide me/us with housing. I/we acknowledge that this application becomes the property of Manitoba Housing.

I/we hereby certify that the information given in this statement is true, correct and complete in every respect and fully discloses my/our income from all sources. I hereby make this solemn declaration believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act*.

AUTHORIZATION AND DECLARATION – SIGNATURES

Applicant Name (please print) _____ Applicant Signature _____
Date _____

Co-Applicant Name (please print) _____ Co-Applicant Signature _____
Date _____

Other Household Member Name (please print) _____ Other Household Member Signature _____
Date _____

For those signing with an "X" a witness name and signature is required.

Witness Name (please print) _____ Witness Signature _____
Date _____

PROTECTION OF PRIVACY/CONSENT TO SHARE INFORMATION

Personal information is collected by The Manitoba Housing and Renewal Corporation (Manitoba Housing) and will be used to establish eligibility for rental housing. It is protected under *The Freedom of Information and Protection of Privacy Act* (FIPPA). Personal health information (if any) is protected under *The Personal Health Information Act*.

If you have any questions about the collection of personal information, please contact Manitoba Housing at 204-945-4663, or toll free at 1-800-661-4663 or email at housing@gov.mb.ca.

I/we understand and consent to have Manitoba Housing share information on this application, and any subsequent changes, with the appropriate housing programs to ensure eligibility and determine housing needs. All documents may be forwarded to the appropriate housing program, once housing is available.

I hereby authorize Manitoba Housing and/or the appropriate housing program to do a personal investigation, including past and present landlord reference checks.

PROTECTION OF PRIVACY/CONSENT TO SHARE INFORMATION – SIGNATURES

Applicant Name (please print) _____ Applicant Signature _____
Date _____

Co-Applicant Name (please print) _____ Co-Applicant Signature _____
Date _____

Other Household Member Name (please print) _____ Other Household Member Signature _____
Date _____

For those signing with an "X" a witness name and signature is required.

Witness Name (please print) _____ Witness Signature _____
Date _____

CONSENT TO RELEASE CERTIFIED INCOME TAX DOCUMENTS

I /we hereby consent to the release, by the Canada Revenue Agency to The Manitoba Housing and Renewal Corporation (Manitoba Housing) of information from my/our income tax returns, and other taxpayer information. The information will be relevant to, and used solely to verify eligibility for government-subsidized rental housing (public housing) under *The Housing and Renewal Corporation Act* of Manitoba, and will not be disclosed to any other person without my approval.

The authorization is valid for the most recently available of the two taxation years before the year of signature on this consent. It is also valid for the year of signature, and each consecutive taxation year after the year of signature, for which I/we request housing.

I/we understand that, if I/we wish to withdraw this consent, I/we may do so at any time by writing to Manitoba Housing.

CONSENT TO RELEASE CERTIFIED INCOME TAX DOCUMENTS – SIGNATURES

Applicant Name (please print) _____ Applicant Signature _____

Social Insurance Number _____ Date _____

Co-Applicant Name (please print) _____ Co-Applicant Signature _____

Social Insurance Number _____ Date _____

Other Household Member _____ Other Household Member _____

Name (please print) _____ Signature _____

Social Insurance Number _____ Date _____

Other Household Member Name (please print) _____ Other Household Member Signature _____

Social Insurance Number _____ Date _____

For those signing with an "X" a witness name and signature is required.

Witness Name (please print) _____ Witness Signature _____

Date _____

IMPORTANT:

Application checklist – Before sending in your application, be sure you have:

- Completed all sections of this application.
- Indicated your preferred location(s).
- Signed and dated your application form in all 3 places above.
- Attached all your current supporting documents.

If your application is being submitted on behalf of a household that is registered with the Public Trustee, a certified stamp must be placed before submitting it to Manitoba Housing.

Name of Public Trustee _____

Phone Number _____

