

Applying for rental housing with Manitoba Housing

Fill out the attached application form in pen. Please print.

- If you need assistance, call or visit a Manitoba Housing office nearest you.

Required documents

Attach a copy of photo identification with signature for all applicants 18 years and older. If you do not have photo ID include two of the following: birth certificate, social insurance card or Manitoba Health card.

- **Immigrants include proof of your status in Canada:** Permanent Resident Card **OR** Record of Landing Documentation: IMM1000 **or** IMM5292 **or** IMM 5688 **or** IMM 5485.
- Applicants with children **include a copy of your Child Tax Benefit statement or Employment & Income Assistance budget letter.** *Children must live with you at least 50% of the time to be considered household members.*
- Applicants who need housing to keep or regain their children from Child & Family Services - **include a letter from your case worker** explaining your housing needs, confirming child under care and the date of expected return.
- Sponsored immigrants include **a letter from your sponsor** stating their annual financial support to you.
- Please **include the net value of assets owned** by all adults on the application form (page 2). Assets include real estate (property owned in or outside Canada) and investments (RRSPs, TFSAs, GICs, term deposits, mutual funds, shares, bonds and bank deposits).
 - If you own real estate, you will need to provide proof of its assessed value.
- If your current home is not suitable or you have special circumstances as listed on page 3, ask a doctor to complete the **medical form** for health issues or a support worker to complete the **details form** for housing issues. You are responsible for any fees charged for completing these forms.

Processing your application and offering homes

Mail or drop off your application and required documents to a Manitoba Housing office nearest you. Once we process the Application, we will send you a letter advising your status. If you are approved, we will contact you when a suitable home is available.

- Depending on your level of need and the demand in your locations of choice, the length of time you wait for an offer can vary greatly. The more communities you choose, the greater chance we can find a suitable home and the shorter your wait.
- Please ensure you are willing to live in the communities you put on the application form. We offer up to three homes to applicants. If the three offers are refused, we may cancel the application.

Updating your information

Please call us with any changes to your contact information, current housing or personal situation. We also will send you an update form on the anniversary of your application if you have not been housed.

Dropping off your application

If you are dropping off an application to an office, please allow at least 15 minutes for your visit so that a Manitoba Housing Employee can review your application form and make sure you have included all the supporting documents. This will ensure your application is processed in a timely manner. [See a listing of all of our locations in Winnipeg and throughout the province http://www.gov.mb.ca/housing/housingoffice.html](http://www.gov.mb.ca/housing/housingoffice.html).



RENTAL APPLICATION FORM

HOUSEHOLD MEMBER INFORMATION

Please provide personal information below for all the people who will live in the household including you – the applicant.

Last Name	First Name	Relation to applicant	Date of birth dd/mm/yyyy	Gender M or F	Status in Canada Citizen, Permanent Resident or Refugee
		Applicant			

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

Will you share a bedroom with another household member? Yes No

APPLICANT CONTACT INFORMATION

Home address: _____ Phone: _____
Street Town Province Postal Code

Mailing address: _____ Alt. phone: _____
Street or post box Town Province Postal Code

If you want another person as the main contact for your application, please provide the following information:

Contact name: _____ Phone: _____ Organization: _____

What is your preferred language? English French

INCOME

	Applicant	Co-applicant	Other adults
Employment or employment insurance	\$ _____	\$ _____	\$ _____
Worker's compensation	\$ _____	\$ _____	\$ _____
Self employment income	\$ _____	\$ _____	\$ _____
Retirement income (CPP, OAS, pension, RRSP)	\$ _____	\$ _____	\$ _____
Alimony and child support	\$ _____	\$ _____	\$ _____
Veterans Affairs	\$ _____	\$ _____	\$ _____
Employment & Income Assistance	\$ _____	\$ _____	\$ _____
Other, please explain: _____	\$ _____	\$ _____	\$ _____
Total gross monthly income	\$ _____	\$ _____	\$ _____

If you receive Employment & Income Assistance, please provide the following information:

Case #: _____ Worker: _____ Phone: _____

Do you have any assets? Yes No If so, please list total net value below:

Property (land, residential, commercial) \$ _____ Savings (GICs, deposits, etc.) \$ _____

AFFORDABILITY

What is your rent or mortgage payment: \$ _____ per month Electricity: \$ _____ per month

Natural Gas: \$ _____ per month Water: \$ _____ per quarter

RENTAL HISTORY

Please provide at least one year of rental history for each of the applicants.

Main applicant

Address	Contact person for landlord	Phone	Dates of tenancy From - To (MM/DD/YY)

Co-applicant

Address	Contact person for landlord	Phone	Dates of tenancy From - To (MM/DD/YY)

If you have lived in Manitoba Housing before, please provide the following information:

Leaseholder: _____ Address: _____ Move out: _____
month/year

LOCATION

Please list the communities where you want to live. See enclosed information sheet for locations of rental housing.

_____ or anywhere in Winnipeg

SUITABILITY

How many bedrooms are in the home where you currently live? Studio 1 2 3 4 5 6

How many adults and children live in the home? Adults: _____ Children: _____

Do you currently have or plan on having a pet? Yes No

Manitoba Housing allows pet: *One dog; OR one cat; OR two birds;*

OR one 15 gallon aquarium with fish per home is permitted.

Any other type of pet needs special permission from Manitoba Housing.

Do you need parking? Yes No

Are you a smoker? Yes No

Would you be willing to live in a non-smoking building if available? Yes No

ADEQUACY

Is your current home in need of major repairs? Yes No

If yes, please include an Order to Repair from the Residential Tenancies Branch (RTB) or a completed Housing Details Form. Contact the RTB at 204.945.2476 (Winnipeg) or 1.800.782.8403 to get more information on Orders to Repair.

Is your current home condemned? Yes No

If yes, please include a copy of documents from Public Health or Fire Department that state the home is not habitable.

EDUCATION AND TRAINING

Are you or your co-applicant currently enrolled in a:

Degree or diploma program

or

Skills development course

College or University _____

Agency _____

Program _____

Course _____

Please provide proof of enrolment from the institution or agency.

SPECIAL CIRCUMSTANCES

Please answer the following questions. If you check "Yes", you will need to provide the required documents listed beside the question when you submit your application.

See enclosed Medical Information and Housing Details form. You need to have these forms completed only if any of the situations below apply to you.

Are you:

Required document

Homeless? (living in a shelter, on the street or in the hospital)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form
Temporarily sheltered and at risk of homelessness? (staying at family or friends, hotel, hostel or transitional immigration centre)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form
A single parent or individual with a disability who is being forced to leave their current home within the next three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form and notice to vacate from current landlord
Needing to move due to family separation, loss of a caregiver or unsafe housing conditions for your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form
Needing to move to be closer to work, school, child care or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Details Form
Needing to move due to your medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Information Form
Disabled and unable to work or take training for 12 months or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Information Form or a medical assessment
Requiring accessible housing to accommodate household members with physical disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Information Form
Needing better housing in order to retain or regain custody of your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Letter from your Child & Family Services worker

PUBLIC TRUSTEE

If this application is being submitted on behalf of a person who is registered with the Public Trustee, the Trustee must complete the information below and stamp before submitting.

Name _____

Phone _____

Public Trustee Stamp

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION

Your personal information and personal health information is collected under the authority of Manitoba Housing programs and will be used to determine your eligibility for rental housing and for any residential tenancy or occupancy which may eventually result from this application. Your personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* (FIPPA) and, if applicable, *The Personal Health Information Act* (PHIA).

If you have any questions about the collection of personal information or personal health information, please contact the Access and Privacy Coordinator, 352 Donald Street, Winnipeg, MB, (204)945-3025.

Consent to Disclose/Share Information

I/we consent to Manitoba Housing sharing any personal information or personal health information with other Government of Manitoba departments and agencies for the purpose of ensuring eligibility for a housing program and determining my/our housing needs.

I/we authorize any person, agency or organization to release and/or exchange information for that purpose. I/we understand this consent includes requests pertaining to my/our Social Insurance Number(s), marital status, employment, income, assets, liabilities and resources, medical condition, family status, benefits received under other programs or any other relevant personal information. I/we understand this includes Manitoba Housing conducting a personal investigation, including past and present landlord reference checks, income verification and utility checks.

I/we consent to Manitoba Housing sharing any personal information or personal health information 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.

A copy or facsimile of this signed Consent to Disclosure has the same effect as the original and is sufficient to authorize the disclosure and/or exchange of information.

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, once submitted, this application becomes the property of Manitoba Housing.

I/we certify that the information given in this statement is true, correct, and complete in every respect. It fully discloses my/our income from all sources. If something is incorrect or not true, I/we understand that Manitoba Housing may cancel our application or take any other measures deemed to be appropriate.

SIGNATURES

Applicant Name (please print)	Applicant Signature	Date
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Co-applicant Name (please print)	Co-applicant Signature	Date
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For those Applicants signing this application with an "X", a witness must sign below:

Witness Name (please print)	Witness Signature	Date
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CONSENT TO RELEASE CERTIFIED INCOME STATEMENT

I/We 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 for verifying eligibility for government-subsidized rental housing under *The Housing and Renewal Corporation Act* of Manitoba.

This authorization is valid for the previous two tax years, the current year and each year thereafter if I/we am/are a tenant with Manitoba 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

Applicant Name _____
Please print

Social Insurance Number _____

Applicant Signature _____

Date _____

OTHER ADULT HOUSEHOLD MEMBERS

Name _____
Please print

Social Insurance Number _____

Signature _____

Date _____

CO-APPLICANT

Co-Applicant Name _____
Please print

Social Insurance Number _____

Co-Applicant Signature _____

Date _____

OTHER ADULT HOUSEHOLD MEMBERS

Name _____
Please print

Social Insurance Number _____

Signature _____

Date _____

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

Witness Name _____
Please print

Date _____

Witness Name _____
Please print

Date _____

MANITOBA HOUSING – MEDICAL INFORMATION FORM

APPLICANT'S DECLARATION AND CONSENT SECTION

Patient's name: _____

Housing applicant's name (if different than above): _____

What is the applicant's relationship to the patient (if different than above): _____

I hereby authorize the release of personal health information to Manitoba Housing for the purpose of determining eligibility and suitability of rental housing. I understand that this information may be kept on file for the length of tenancy. I am aware that I may cancel or amend this consent at any time in writing to Manitoba Housing.

Signature: _____ Date: _____

Manitoba Housing is collecting personal information and personal health information about the housing applicants, and qualified household members (if any), under the authority of Manitoba Housing programs for the purposes of establishing their eligibility for rental housing. The information provided is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. Personal health information is protected under *The Personal Health Information Act*. If you have any questions about the collection of this information please contact Manitoba Housing's Access and Privacy Coordinator at 352 Donald Street, Winnipeg or (204) 945-3025.

Please note:

That if the patient is under 18 years of age or is deemed unable to sign for themselves then a parent, guardian or public trustee must sign on their behalf.

Applicants are responsible for any fees charged by a medical professional to complete this form.

CERTIFIED MEDICAL PROFESSIONAL SECTION

The following professions are qualified to complete this form, please check yours:

- Medical doctor or nurse practitioner:** all conditions **Optometrist:** vision **Audiologist:** hearing
 Psychologist: cognition, memory **Occupational therapist:** mobility, agility, endurance

The above patient has expressed a need for social housing or a transfer to a new rental suite due to a medical condition or a disability. To assist Manitoba Housing in determining eligibility and establishing appropriate housing, please complete the following questions as applicable.

MEDICAL INFORMATION

To be completed by the medical professional

Please check the appropriate boxes and print additional information as required.

Does the patient require accessible housing due to a physical disability? Yes No

Does the patient have a disability that prevents them from working and taking part in training for 12 months or more?
 Yes No

Does the patient need to move out of their current home for medical reasons? Yes No

If yes, please explain (e.g. proximity to support services, mobility issues, and mental health limitations).

Does the patient require any physical enhancements in their housing for medical reasons? Yes No
If yes, please describe the enhancements required (e.g. accessibility, elevator, extra space for medical equipment)

Does the patient require any support services to live independently? Yes No
If yes, please describe the services:

Medical Professional Information:

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____



MANITOBA HOUSING – HOUSING DETAILS FORM

APPLICANTS' DECLARATION AND CONSENT SECTION

Applicant's Name: _____

Co-applicant's Name: _____

I/we hereby authorize the release of personal information and personal health information to Manitoba Housing for the purpose of determining eligibility and suitability of rental housing. I/we understand that this information may be kept on file for the length of tenancy. I am/we are aware that I/we may cancel or amend this consent at any time in writing to Manitoba Housing.

Signature: _____ Date: _____

Signature: _____ Date: _____

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Support workers must complete this form.

This section must be completed by a support worker who holds a position of responsibility in their profession or in their community and is not related to the applicant. Support workers include housing advocates, religious leaders, social workers and other professionals who can verify the housing needs of the applicant.

Please check the appropriate boxes and print additional information as required.

Adequacy

I have visited the applicant's home and can personally verify the following issues must be addressed in their current home in order to make it healthy and safe:

I verify that the landlord has been contacted regarding these problems. Yes No
If yes, the issues have been unresolved for _____ months.

OR

I have knowledge of the landlord and expect retribution from said landlord if the applicant takes action through the Residential Tenancies Branch. Yes No

Homelessness

Based on my **direct observation** of the applicant's circumstances, I can confirm that the applicant is:

- a) Homeless (living in a shelter, on the street or in the hospital) Yes No
- b) Temporarily sheltered and at risk of homelessness Yes No
(living at friends or family, hotel, hostel, or transitional immigration centre)
- c) A single parent or individual with a disability who is being forced to leave their current home within the next three months. Yes No

Please explain:

Proximity

I can confirm that the applicant is experiencing hardship due to the time they spend travelling daily to work, school, childcare or other needed services. Yes No

If yes, please describe (e.g. time, distance, etc.)

Declaration

I certify that the information provided here is true, correct and complete to the best of my knowledge.

Name: _____ Phone: _____

Job Title: _____ Organization: _____

Mailing Address: _____

Signature: _____ Date: _____