Social Housing Rental Program Application Form



Eligibility Requirements

To be eligible for the Social Housing Rental Program applicant(s) must:

- 1. Be either a Canadian Citizen, a permanent resident of Canada, a refugee claimant or have legal status to live and/or work in Canada.
- 2. Have a total adjusted household income at or below the Social Housing Rental Program Income Limits established by Manitoba Housing. (www.manitoba.ca/housing/progs/pil.html)

Completing the Application

The information provided on this application will be used to determine housing need and confirm eligibility.

- 1. Please **print** all information in ink.
- 2. Complete **all** sections of the application and ensure the information you provided is correct. <u>Incomplete applications cannot be processed.</u>
- 3. Before signing the form please read and understand the **Consent and Declaration sections.**
- 4. Notify Manitoba Housing immediately of any changes. This includes:
 - a. Changes in housing needs (i.e. household size, requested location, income)
 - b. Changes in contact information

If Manitoba Housing is unable to contact an applicant at the telephone number and/or address provided on the application, the application may be cancelled.

SUBMIT THIS FORM

Drop-Off/Mail to:



Manitoba Housing 352 Donald Street Winnipeg, Manitoba R3B 2H8

Or submit this form to any Manitoba Housing office. Details at:

manitoba.ca/housing/housingoffice.html

FOR ASSISTANCE CALL:

204 - 945 - 4663

1-800-661-4663 (Toll Free)

Hours of Operation:

Monday - Friday, 8:30 a.m. - 4:30 p.m.

OFFICE	Date Received	Received by	Client ID
USE ONLY			

Need help or want this document in another format?

Go to manitoba.ca/housing or contact your local Manitoba Housing office.

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Understanding the Social Housing Rental Program and Application Process

The Social Housing Rental Program provides lowincome Manitobans in greatest need with subsidized housing.

Manitoba Housing has a limited supply of rental properties and therefore applicants are housed based on core housing needs. This includes consideration of the affordability, suitability and adequacy of your current housing situation.

Can I choose where I want to live?

Yes. The information you provide on your application will help Manitoba Housing locate a unit that meets the needs of your household. The type of housing you may be offered will depend on factors such as regional choice, unit availability and demand and how many people will live in the unit. Other needs identified such as physical/mobility needs, smoking/non-smoking, and parking will also be considered.

Does Manitoba Housing allow pets?

One pet (some restrictions apply) per household may be permitted with written permission prior to bringing the pet into your unit. Registered service animals are permitted.

How long will it take me to obtain housing?

The length of time before a unit becomes available will vary depending on our ability to meet your housing needs and demand.

How much rent can I expect to pay?

Monthly rent is based on a percentage of household income. Total monthly payable rent includes your rent plus other applicable fees such as parking or tenant services. For applicants receiving Employment and Income Assistance (EIA), rent will be equal to Rent Assist.

IMPORTANT: Make sure to contact Manitoba Housing with any changes to your application. Manitoba Housing will make every effort to contact you. If you cannot be reached at anytime following the submission of your application, your application may be cancelled.

How will I know if my application has been received?

You will be notified by mail once your application has been processed.

<u>Do I need to submit any other documents with my application to verify the information I provided e.g.</u> proof of income, medical information etc.?

No. You do not need to submit any additional documents with your application.

When supporting documents are required, Manitoba Housing will contact you and provide you with a list of documents that will be needed to verify the information you provided on your application.

Can more than one family live in the same unit?

Yes. More than one family, as defined by Manitoba Housing, can live in the same unit. A family includes an individual, their partner and dependants. Other household members would be considered a separate family. (for example, the applicant's parents = a family, adult siblings = a family, cousin = a family, roommate = a family, etc.)

<u>How do I update or make changes to information provided on my application?</u>

Changes to information provided on your application can be made at any time. Contact Manitoba Housing at 204-945-4663 or 1-800-661-4663 (Toll Free).

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Your Details and Circumstances

The informati	ion vou provide d	n this application	n will be used to assess	vour housing needs a	and eligibility.
					- J /



Where requested, include the full legal name(s) as it appears on government issued identification. Make sure the information provided on this application is true and accurate and that you have **printed** all information in **ink** only.

	=
	=
/	•

Supporting documentation will be required to verify your application at a later date. You are not required to submit documents with this application.

1. APPLICANT IN	NFORMATION				
Preferred langua	ge for corresponden	ce? (check one)	English	☐ French	
Preferred method	d of communication?	(check one)	☐ Mail ☐	☐ Phone ☐ E-n	nail 🔲 No Preference
Main Applicant					
Last name		irst Name		Middle name	
Date of Birth: (e.	g., June 1, 1965)	/ Month /	//_ Day / Year	Gender:	Male 🗆 Female 🗆
Social Insurance	Number:	_//			
Citizenship:					
	☐ Skilled Worker /Trades Worker	☐ Sponsored (by family)	☐ Refugee	☐ Refugee Claimant	☐ Other
Phone: ()		Cell: ()		Work: ()
Home address: _	Apartment # / Street		Town	Province	Postal Code
Mailing address:					
	P.O. Box # / Apartment # / Stre		Town	Province	Postal ode
E-mail address: _					
Check the appro	priate box(es) below	to indicate who yo	ou are applying	to live with:	
☐ Partner	☐ Dependant(s)	☐ Roommate(s)			
☐ Parent(s)	☐ Sibling(s)	\square Other (please	explain)		
☐ I am not ap	plying to live with ar	nyone			

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Alternate Contact Person (if applicable)

You may authorize another person to be the alternate contact for your application. Manitoba Housing will only contact this person if we are unable to reach you at the mailing address or phone number(s) provided. Details about your application will not be shared with this person without your written consent.

Contact Name: _					
Relation to applic	cant:			Phone: ()
E-mail address: _					
Co-applicant 1 (if applicable)				
Relation to the M	lain Applicant:				
	□ Dependant□ Sibling		xplain)		
Last name	Fi	irst Name		Middle name	
Date of Birth: (e.	g., June 1, 1965)	/	// / Year	Gender:	Male □ Female □
Social Insurance	Number:	_//			
	☐ Skilled Worker /Trades Worker		☐ Refugee	☐ Refugee Claimant	☐ Other
Phone: ()		Cell: ()		Work: ()
Home address: _	Apartment # / Street		Town	Province	Postal Code
Mailing address: (If different than above)	P.O. Box # / Apartment # / Stre	et	Town	Province	Postal Code
E-mail address: _					

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Co-applicant 2 (if applicable)

Relation to the M	lain Applicant:				
☐ Partner	☐ Dependant	☐ Roommate			
☐ Parent	☐ Sibling	☐ Other (please	explain)		
Last name		First Name		Middle name	<u>.</u>
Date of Birth: (e.	g., June 1, 1965)	/ Month /	//_ Day / Year	Gender:	Male ☐ Female ☐
Social Insurance	Number:	_//			
Citizenship:					
	☐ Skilled Worker / Trades Worker	☐ Sponsored (by family)	☐ Refugee	☐ Refugee Claimant	☐ Other
Phone: ()		Cell: ()		Work: (_)
Home address: _	Apartment # / Street		Town	Province	Postal Code
Mailing address:					
	P.O. Box # / Apartment # / Str		Town	Province	Postal Code
E-mail address:					



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2. HOUSEHOLD INFORMATION

The information you provide in this section will help us to determine the number of bedrooms required to support the size and needs of your household.

The number of bedrooms a household is eligible for is based on the number of people living in the home, their age, gender and relationship to you, the applicant.

List all additional persons that are expected to live in the home in the chart below.

	t an additional pers	sons that are expe	cted to live iii ti	ic nome in the	Citares	CIOVV.					
								Citi	zens	hip	
	Last Name	First Name	Middle Name	Date of Birth (e.g., June 1, 1965)	Gender M/F	Relation to Main Applicant	Canadian Citizen	Skilled/Trades Worker	Sponsored By Family	Refugee	Refugee Claimant
a.	If you listed deper arrangements?		ounger) on you	r application, o	do you h	ave shared	l or j	oint	cust	tody	
	If yes, how many ovisits per month?	-	en in your care		and wh	at is the nu	ımbe	er of	ovei	rnigl	nt
b.	How many bedro	oms does your ho	usehold use in y	your current ho	ome?						
	☐ None	1 2 0	3 🗆 4 🗅 5	6							
c.	Is any member of	your household p	regnant? 🗖 Y	es □ No							
	If yes, include the	name of the hous	ehold member	:							

Supporting documentation will be required to verify this section of your application at a later date. You are not required to submit documents with this application.

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3. INCOME, ASSETS & EXPENSES

Income

In this section we ask about household income, assets and expenses to determine program eligibility.

Include the monthly amount of income received in the chart below, before taxes, from all sources for all adult household members. (income for <u>dependants</u> ages 22-25 years in full-time study is not required).

Do not include amount received for Canada Child Benefit.

Name	Income and Income Wages/sala worker's co		Wages/salaries, self-employment income, worker's compensation, court awards or	
	\$	\$	\$	insurance settlements aimed to replace lo of wages, strike/lock-out pay.
				Employment and Income Assistar
				(EIA) Amount
				Other income may include:
				Federal/Provincial Government Income (e.g. CPP, OAS, GIS, 55+ Income Suppleme employment insurance, refugee or newcomers assistance; shelter portion on for training allowance, band funding, or foster care payment)
				Private Pensions and Investment Income (e.g. retirement pension, disability insurar GICs, withdrawals from investments, investment interest)
				Miscellaneous (e.g. court awards/insurance settlements aimed to provide for living expenses; chil support, maintenance, alimony, educational funding)
Assets				
Does anyone	in your household o	wn any property	(land, resident	ial, commercial)?
f yes, provide \$	the assessed prope	rty value \$	and	outstanding mortgage balance
•	in your household h SP's, bank accounts)	_	estments?	□ Yes □ N
If yes, provide	the amount \$			

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date. You are not required to submit documents with this application.

Supporting documentation will be required to verify this section of your application at a later

Expenses (Rent and Utilities)				
What is your current monthly	rent or mortgage payment (in	cluding property taxes): \$	5	
Does this amount include yo	ur monthly utility expenses?		☐ Yes	☐ No
If no, provide your average m	onthly utility costs for the follo	wing:		
Electricity \$	Natural Gas \$	Water \$		
4. SPECIAL CIRCUMSTANCE	S			
In this section, we ask about Check <u>all</u> statements that app	special housing circumstances toly:	that may affect your need	l for housing.	
☐ Living in a homele ☐ Living on the stree ☐ Being discharged f ☐ Being released from ☐ Current home dest ☐ Victim of domestic viole ☐ Living in a crisis sh ☐ Living in second st	t. from a medical facility with no perform a medical facility with no perform a correctional facility with not eroyed by fire or flood. Fince (if checked indicate which elter. age housing.	place to live. place to live.	you):	
☐ At risk of becoming hor ☐ Youth aging out of ☐ Forced to leave cur wellbeing of the ch ☐ Person with disabi ☐ Person with a disal program. ☐ Experiencing famil (e.g., marital separa	with friends or family. meless (if checked indicate which foster care. Trent home due to child protect hild(ren) including entering into lity forced to leave parental hor polity forced to vacate a support y separation and being forced to ation, family separated for medi d. (e.g., couch surfing, staying in	tion concerns that endang a Kinship Care arrangme me as parent(s) can no lor tive housing unit as you n to find another place to livical reasons)	ger the health, ent. nger provide su no longer qualit ve within 3 mo	upport. fy for the nths.
☐ Need housing to regain	custody of child(ren) including	entering into a Kinship C	are arrangeme	ent.
☐ Have a minor/temporar home or continuing to I	y disability or mental illness tha ive independently.	it prevents me from main	taining my cur	rent
	ser to work, school, child care o unreasonable due to having no			
☐ None of the above app	ly to my situation.			

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date. You are not required to submit documents with this application.

Supporting documentation will be required to verify this section of your application at a later

5. CURRENT HOUSING		
In this section we ask about the physical condition of your current housing.		
Is your current home in need of major repairs that impact your health and safety? (e.g., no running water, electrical does not work, lack of emergency exits or structu	☐ Yes ral repairs	□ No)
Has your current home been condemned?	☐ Yes	□ No
Supporting documentation will be required to verify this section of your a date. You are not required to submit documents with this application.	application	n at a later
6. EDUCATION/SKILLS TRAINING (This section does not apply to applicants 60 years)	ars of age	or older)
Manitoba Housing rewards educational activities that promote self-sufficiency.		
a. Are you or your co-applicant(s) <u>currently</u> enrolled in an area of study or course degree or diploma?	to earn a d	certificate,
b. Are you or your a co-applicant(s) currently enrolled in a course or program for semployment or upgrading? (e.g. general education, adult learning and literacy training, career exploration, employment training related to self-employment)	programs	.
c. If no, do you or your co-applicant(s) have a disability that prevents you from w training or education for 12 months or more?	orking or Yes	participating in
Supporting documentation will be required to verify this section of your a date. You are not required to submit documents with this application.	application	n at a later
7. ADDITIONAL HOUSING NEEDS		
a. Do you or any member of your household have physical or mobility limitations housing required?	that impa	act the type of
b. Do you have or plan on having a pet?	☐ Yes	□ No
Restrictions: One dog; OR one cat; OR two birds; OR one 15 gallon aquariur	m with fish	٦.
c. Do you require parking?	☐ Yes	□ No
c. Do you require parking? Parking may not be available at all locations.	☐ Yes	□ No

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8. HOUSING CHOICE

erred Location					
Check or list and the list of			below where you a	are willing to liv	e that best meet yo
☐ Central	☐ East	☐ West	☐ South	n 🗖 No	orth
☐ Brandon		1 Churchill	☐ Dauphin	☐ Flin Flon	☐ Morden
☐ Portage la	Prairie 🗆	1 Selkirk	☐ Steinbach	☐ The Pas	☐ Thompson
ŕ		munities in Manito	ba not listed above	·	illing to live?

1

<u>All</u> applicants must now proceed to the next page: Section 9 - Consent and Declaration.

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9. CONSENT AND DECLARATION

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 used to determine your eligibility for rental housing and any tenancy 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, please contact Manitoba Housing's Access and Privacy Coordinator at 600 – 352 Donald Street, Winnipeg or (204) 945-4663.

In this form, words in the singular include the plural and words in the plural include the singular.

Consent to Disclose and Share Information

I consent to Manitoba Housing sharing any personal information and personal health information relating to me or my dependants with other government departments, external agencies or other providers of housing or services to confirm on-going eligibility for rental housing, determine my housing needs and rental charge. I understand that this information is kept on file in accordance with Manitoba legislation.

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

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

Declaration

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

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

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I understand that Manitoba Housing may request supporting documentation to verify eligibility for the Social Housing Rental Program. I have read and accept all terms and conditions of the Consent and Declaration section. Main Applicant name (print) Main Applicant signature Date **Co-Applicant Consent and Declaration** I have read and accept all terms and conditions of the Consent and Declaration section. Co-applicant signature Co-applicant name (print) Date Co-applicant name (print) Co-applicant signature Date For those applicants signing with an "X", a witness must sign below: Witness Name (print) Witness signature Date All applicants must now proceed to the next page to consent to release income information. **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. **Public Trustee Stamp** Name: _____

(!)

Phone: ___

<u>All</u> applicants must now proceed to the next page to consent to release income information.

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Consent to Release Income Information

I consent to the release, by the Canada Revenue Agency to the Manitoba Housing and Renewal Corporation (Manitoba Housing), of information from my income tax returns. 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 am a tenant with Manitoba Housing. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to Manitoba Housing.

Main Applicant name (print)	Main Applicant signature	Date
Co-applicant name (print)	 Co-applicant signature	
co applicant name (print)	co applicanto signature	Jule
Co-applicant name (print)	Co-applicant signature	 Date
For those applicants signing with	an "X", a witness must sign below:	
Witness Name (print)		 Date
PUBLIC TRUSTEE		
	d on behalf of a person who is registered value tion below and stamp before submitting.	with the Public Trustee, the
	Public Trustee	Stamp
Name:		
Phone:		

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10. SELF DECLARATION (Optional)

Main Applicant:

Manitoba Housing collects this information to assist with planning for housing needs and to reflect the diversity of the population we serve. This information is not used to determine your eligibility for the Social Housing Rental Program.

	• •	
a.	Are you a newcomer to Canada within the last 10 years?	☐ Yes ☐ No
	If yes, what month and year did you arrive? ${Month}/$	
b.	Do you consider yourself to be a visible minority?	☐ Yes ☐ No
c.	Do you consider yourself to be of Indigenous Ancestry?	☐ Yes ☐ No
	If yes , which group do you identify with:	
	First Nations Inuit	Métis 🗖
Co-applicant: (if applicable)		
a.	Are you a newcomer to Canada within the last 10 years?	☐ Yes ☐ No
	If yes, what month and year did you arrive?/	Year Year
b.	Do you consider yourself to be a visible minority?	☐ Yes ☐ No
c.	Do you consider yourself to be of Indigenous Ancestry?	☐ Yes ☐ No
	If yes , which group do you identify with:	
	First Nations Inuit	Métis 🚨
Co	-applicant: (if applicable)	
a.	Are you a newcomer to Canada within the last 10 years?	☐ Yes ☐ No
	If yes, what month and year did you arrive? ${Month}/$	Year
b.	Do you consider yourself to be a visible minority?	☐ Yes ☐ No
c.	Do you consider yourself to be of Indigenous Ancestry?	☐ Yes ☐ No
	If yes , which group do you identify with:	
	First Nations ☐ Inuit ☐	Métis 🗖