

**Manitoba Rent Assist - FOR OFFICE USE ONLY:**

CS # \_\_\_\_\_

Application # \_\_\_\_\_

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

Manitoba Families  
 Provincial Services – Rent Assist  
 Community Service Delivery Division  
 100 - 114 Garry Street, Winnipeg, MB R3C 4V4  
 Telephone 204-945-2197 Fax 204-945-3930  
 Toll Free 1-877-587-6224  
 Email: [provservic@gov.mb.ca](mailto:provservic@gov.mb.ca)

**APPLICATION FOR RENT ASSIST**

(for persons not receiving Employment and Income Assistance)

This application is available in **alternate formats** upon request.

Ces renseignements sont offerts dans de multiples formats sur demande.

**You may apply for Rent Assist if:**

- You live in private rent accommodations; or
- You live in private board and room accommodations
- You are 18 years of age or older
- You are a Canadian citizen or a permanent resident of Canada

**You are not eligible to apply for Rent Assist if:**

- You live in Manitoba Housing accommodations, or your monthly rent is based upon your income
- You receive Employment and Income Assistance (Rent Assist is automatically provided to eligible EIA recipients)
- You live in a community residence, personal care home, hospital, institution or First Nations Community
- You live in student-based housing, such as residences
- You own your own home
- You have no rental costs
- You are in Canada as a temporary worker or on a study permit

**DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION**

**You must include a Certified Income Tax Return ("Option C") for all individuals over the age of 18 who are part of the household.**

**For applications received between January and June, net household income (Line 236) as determined by the Canada Revenue Agency (CRA) from two years prior to the current year will be used to calculate your benefit. If the application is received between July and December, net household income as determined by the CRA from the previous year will be used to calculate the benefit.**

- An "Option C" print-out for the appropriate tax year (see above) can be obtained by calling the CRA at 1-800-959-8281. Do not send an income tax summary or Notice of Assessment.
- The original signed Direct Deposit form (see attached).
- A copy of your current lease or rental agreement.
- If you have dependent children, include a copy of your current Canada Child Benefit notice. If you do not have a copy, this form may be obtained by calling Canada Revenue Agency at 1-800-387-1193.
- If in a training or education program and have received a training allowance/educational funding recorded on your "Option C", attach a copy of the itemized funding letter for yourself and any other household members over the age of 18.
- If you are not a Canadian Citizen, include copies of your "Confirmation of Permanent Residence" document (Landing Papers) for all people in your household over 18 years of age. The Permanent Resident card is not sufficient.

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**\*\*\*\*\*MAKE SURE YOU HAVE SIGNED THE APPLICATION FORM\*\*\*\*\*****Note:** If this form has been completed by an applicant's Power of Attorney or Substitute Decision Maker, please include a copy of the document(s) that verifies this authority.**NOTE: Income for all people over 18 years of age in the household, or temporarily away from the household, will be considered in the calculation of the Rent Assist benefit.****PLEASE PRINT CLEARLY**In which language do you wish to receive your correspondence?  English  French

In which category are you applying for Rent Assist?

<input type="checkbox"/> Single Applicant	<input type="checkbox"/> Couple without children	<input type="checkbox"/> Family or Single Parent with dependent children	<input type="checkbox"/> Person with a disability	<input type="checkbox"/> Senior (over age 55)
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**Applicant/Address Information:**

Current Information	Applicant	Applicant's Spouse or Common-Law Partner*
Surnames		
Given Names		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdates	(DD/MM/YYYY):	(DD/MM/YYYY):
Social Insurance Number		

\*Include spouse or common-law partner temporarily residing at a different address, but considered part of the household.

Address (include apartment & street number)	City/Town	Province	Postal Code
Mailing Address (if different than above)			
Email:	Cell #:	Telephone:	

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**Marital Status:**  Single  Divorced  Common-law  Involuntary Separation  
 Married  Separated  Widowed

**Applicant Information:**

Indicate if you are:	A Canadian Citizen	A Permanent Resident	In Canada under a Study or Work Permit
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Date of Landing (DD/MM/YY)	Date of Landing (DD/MM/YY)

Indicate if Co-Applicant is:	A Canadian Citizen	A Permanent Resident	In Canada under a Study or Work Permit
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Date of Landing (DD/MM/YY)	Date of Landing (DD/MM/YY)

**Dependent Children (if applicable)**

Surname	Given Name	Sex	Birthdate (DD/MM/YYYY)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Do you receive Canada Child Benefit for children listed above?  Yes  No

If yes, please provide a copy of your current Canada Child Tax Benefit Statement.

If "No" explain: \_\_\_\_\_

**Other persons over the age of 18 residing in your household (if applicable)**

Surname	Given Name	Sex	Birthdate (DD/MM/YYYY)	Social Insurance Number
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

**Note:** If more space is needed, please list any other persons (including birthdate and social insurance number) who live in your household on one of the blank sheets at the back of this application, or on a separate sheet and attach to the application.

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**Optional:** Is there another person to whom you given permission to contact us on your behalf to discuss important information about your application?

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Other Information: Please answer any questions that apply to you or your household's situation.**

Do you receive or have you applied for Employment and Income Assistance (EIA) for yourself, your spouse or common-law partner, or for your dependent children?

**Note:** if you get EIA Health Benefits only check "No".

Yes     No

Do you or your spouse or common-law partner live in a First Nations Community (on reserve)?

Yes     No

Do you or any other adult in your household have an outstanding warrant?     Yes     No

- If "Yes", you may need to produce confirmation that you have dealt with your warrant with the courts in order to continue with this application.

Have you attached your "Option C", and all other required documents?     Yes     No

If "No", please explain:

**Rental Information (Copy of Lease Required):**

Landlord Name	Rental Address:
Landlord Phone	Total Monthly Rent \$

**RENT ASSIST CONSENT FORM**

I/we hereby apply for Rent Assist under *The Manitoba Assistance Act (Manitoba)*. I/we certify that the information contained in this application for Rent Assist under *The Manitoba Assistance Act (Manitoba)* is true to the best of my/our knowledge and belief. I/we have not concealed or omitted information needed to establish eligibility for Rent Assist under *The Manitoba Assistance Act (Manitoba)*. I/we hereby declare that the information contained herein is true and accurate in all respects knowing that it is of the same force and effect as if made under oath pursuant to *The Manitoba Evidence Act*.

I/we understand that if I/we fail to meet with any or all conditions as set out in this application, provide false or misleading information, I/we can be disqualified from receiving any Rent Assist and shall, upon request by the Government of Manitoba, be required to repay in whole or in part any benefit amounts paid on my/our behalf related to this or any previous Rent Assist application.

**If this application is accepted, I/we acknowledge my/our legal obligation to notify the administering office immediately of any change(s) in my/our circumstances, including any change in residential address or receipt of Employment and Income Assistance monthly benefits, and all such other information which may affect my/our benefits or eligibility under *The Manitoba Assistance Act (Manitoba)*.**

I/we hereby authorize any person, agency or organization, including federal, provincial or municipal government authority ( such as Employment and Social Development Canada, Citizenship and Immigration Canada, Manitoba Public Insurance or the Workers Compensation Board of Manitoba), any bank, credit union or financial institution, to release to the Minister responsible for *The Manitoba Assistance Act (Manitoba)*, or the Minister's representative(s), information required for the purpose of determining or verifying eligibility for Rent Assist under *The Manitoba Assistance Act (Manitoba)*. Without restricting the generality of the foregoing, I/we understand this authorization may include requests for information pertaining to my/our marital status, income or family status, and benefits received under other programs or any other relevant personal information.

I/we understand that the information provided to Rent Assist will be reviewed and this application may be returned or additional information may be required based upon that review. I/We understand that late applications may affect the amount of benefits to be paid on my/our behalf.

**Applicant**

\_\_\_\_\_  
Applicant: (print name)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Spouse/Co-applicants (if applicable)**

\_\_\_\_\_  
Spouse/Co-applicant: (print name)

\_\_\_\_\_  
Spouse's/Co-applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Third Co-applicant, if applicable: (print name)

\_\_\_\_\_  
Third Co-applicant's signature

\_\_\_\_\_  
Date

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**MANITOBA-CANADA REVENUE AGENCY CONSENT FORM**

I/we hereby consent to the release, by the Canada Revenue Agency to an official of the *Province of Manitoba*, information from my/our income tax returns, Canada Child Benefit and if applicable, other required taxpayer information about me/us. The information will be relevant to, and used solely for the purpose of determining and verifying my/our eligibility and entitlement for Rent Assist benefits under *The Manitoba Assistance Act (Manitoba)*, and will not be disclosed to any other person or organization without my approval.

This authorization is valid for up to two taxation years prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested.

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

\_\_\_\_\_  
Applicant: (print name)

\_\_\_\_\_  
Social Insurance Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-applicant, if applicable: (print name)

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Spouse's/Co-applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Third Co-applicant, if applicable: (print name)

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Co-applicant's signature

\_\_\_\_\_  
Date

# REQUEST DIRECT DEPOSIT



Client No.

## SECTION A – TO START, CHANGE OR WITHDRAW FROM DIRECT DEPOSIT

Check ( ✓ ) one box

- Start Direct Deposit
- Change Information on Direct Deposit
- Withdraw From Direct Deposit

## SECTION B – INFORMATION ABOUT YOU

First Name and Initial	Last Name	
Mailing Address		City
Province	Postal Code	

## SECTION C – DIRECT DEPOSIT INFORMATION

To sign up for or change direct deposit information, choose one of the following methods.

Note – The Provincial Services Branch provides this service free of charge. However, you should contact your financial institution and inquire about any fees they may charge.

- Attach a personalized cheque from your bank account to this form. Write "VOID" across the front of the blank cheque. We will use the financial information on the cheque to set up direct deposit.

OR

- If you don't have a cheque, have your financial institution complete the blocks below.

Branch Number

--	--	--	--	--	--

Institution Number

--	--	--

Financial Institution's Stamp

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Account Number

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## SECTION D – CLIENT AUTHORIZATION

I hereby authorize the Provincial Services Branch to deposit my benefit payments into the bank account in Section C. I agree to notify, in writing, the branch at the address indicated below, of any changes to my financial institution, branch or bank account number and allow the branch a minimum of 10 business days, after the receipt of notice, to implement a change. The direct deposit service will continue until I have notified, in writing, the branch at the address indicated below to withdraw from direct deposit. I understand this is a voluntary/optional service and the branch has the right to convert this payment method back to a cheque payment without notice.

Signature

Date

Return the original signed copy to: Provincial Services, 100 – 114 Garry Street, Winnipeg, MB R3C 4V4