

THE MANITOBA HOUSING AUTHORITY APPLICATION GUIDELINES

Please Attach Supporting Documents Along With Your Application Form

IMPORTANT:

- Incomplete applications and those submitted without the required documents cannot be processed and will be returned.
- Only provide those documents that pertain to your current situation.

REQUIRE DOCUMENTATION

Proof of Identity

All applicants appearing on the application as lease-signors will be required to provide identification at the time your application is submitted. Identification must include the applicant's signature and photo where possible. Acceptable ID include:

- Birth certificate
- Social Insurance Card
- Driver's License
- Passport
- Commemoration or Certificate of Canadian Citizenship
- Treaty Indian card or Metis Federation card
- Liquor Commission photo ID card
- Student card
- Other photo ID card

IMPORTANT:

If you do not have any of the above identification, please, provide two other pieces of identification with your signature or current address.

Proof of Permanent Resident or Refugee Status

All Landed and Sponsored Immigrants, or Refugee Claimant must include, along with their application form, a copy of any one of the following document(s):

- Permanent Resident Card
- IMM1000 (for those who became a permanent resident prior to June 28, 2002)
- IMM5292

IMPORTANT:

Student Visa or Visitor Visa and those that are being sponsored are considered ineligible.

Income Documents

All applicants appearing on the application as lease-signors will be required to provide proof of income. All lease-signors must submit their recent cheque stubs, award letters, bank books or bank statement showing income deposits for the following types of income: Acceptable documents include, but are not limited to:

- 55 Plus
- Alimony and Maintenance Enforcement Documents
- Benefits and Disability Insurance
- Canada Pension Plan (CPP)
- Child Support Payments
- Company Pension Plan
- Education Income Assistance (Student Loans, Band Scholarships, etc...)
- Employment Pay Stubs or Statement of Earnings

- Employment Income Assistance Budget Letters (EIA)
- Employment Insurance Pay Stubs
- Interest Earned on Investments
- Guaranteed Income Supplement (GIS)
- Old Age Security (OAS)
- Pension Income
- Farm Income
- Rental Property Income
- Universal Child Care Benefit
- Workers Compensation Benefits
- Proof of full-time or part-time student status for all family members 18 years of age and older who have income from any source and are attending post secondary education

Certified Copy of Income Tax

All applicants appearing on the application form as lease-signors or family members 18 year of age and older and are working are encouraged to contact Canada Customs and Revenue Agency to obtain a copy of their most recent income tax assessment. The information will be relevant to, and used solely to verify eligibility for government-subsidized housing.

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

IMPORTANT:

Please attach all certified income tax for all house members with your application form.

Custody Documents

Family housing is reserved for individuals who hold legal custody of children. Please provide copies of your custody documents if you have joint or sole custody of your children. The following are acceptable document (s):

- Court documents from the Court of Queen's Bench (Family Division)
- Certified print out of Child Tax Benefit (CTB) listing all eligible dependants
- 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

The Manitoba Housing Authority Medical Consent Form was developed for those individuals whose medical conditions directly affects their current housing situations. Special consideration will be given to individuals who may require wheelchair access, elevator and/or mobility units.

- Manitoba Housing Authority 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
- EIA budget letter which identifies those applicant (s) who are on disability

Other Documents

- Notice to vacate your current residence (documentation must be provided if the Applicant has been given notice to vacate residence without cause)
- Notice/Order from the Health Department to vacate current residence

- Referral documents from outside agencies
- Letter of Power of Attorney

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

If you require a translator but do not have one, The Manitoba Housing Authority will assist in accessing this service for you.

If you own a house and/or property, you will need to provide copies stating it's value.

If your house and/or property is being sold or is in foreclosure, you will need to provide documented proof from the sale of the house and/or property.

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.

THE MANITOBA HOUSING AUTHORITY OFFICE LOCATIONS

If you have any questions about the application, or if you want to know where to mail or drop off your completed application, please contact one of the offices listed below.

WINNIPEG OFFICE LOCATIONS

**MHA Main Office
Applications Intake**
100 – 185 Smith Street
Winnipeg MB R3C 3G4
Phone: 945-7319
Toll free: 1-800-661-4663
Fax: 948-2013

Brooklands
312 Blake Street
Winnipeg MB R3E 2Z4
Phone: 945-5570
Fax: 948-3679

Central Park
355 Kennedy Street
Winnipeg MB R3B 3B8
Phone: 945-6272
Fax: 948-2014

Downtown South
100 – 185 Smith Street
Winnipeg MB R3C 3G4
Phone: 945-3884
Fax: 948-2543

Gilbert Park
1-71 Gilbert Avenue
Winnipeg MB R2X 0T4
Phone: 945-1078
Fax: 948-2325

Lord Selkirk
100 – 269 Dufferin Avenue
Winnipeg MB R2W 2X8
Phone: 945-3431
Fax: 948-2260

North East
600 Panet Road
Winnipeg MB R2L 2B1
Phone: 945-3555
Fax: 948-3988

North End
400A Logan Avenue
Winnipeg MB R3A 0R1
Phone: 945-7823
Fax: 948-2062

St. Boniface
614 Rue Des Meurons
Winnipeg MB R2H 2P9
Phone: 945-6019
Fax: 948-3282

St. James
15 – 659 Cavalier Drive
Winnipeg MB R2Y 1Y1
Phone: 945-4758
Fax: 948-4528

**St. Vital
Unit D**
1026 St. Mary's Road
Winnipeg MB R2M 3S6
Phone: 945-4899
Fax: 948-3114

MANITOBA OFFICE LOCATIONS

Altona
67 – 2nd Street North East
(Box 1570)
Altona MB R0G 0B0
Phone : 204-324-5308
Toll free: 1-800-480-5554
Fax: 204-324-2818

Brandon
253 – 9th Street
Brandon MB R7A 6X1
Phone: 204-726-6455
Toll free: 1-800-651-8217
Fax: 204-726-6333

Churchill
Box 448, 31 Hudson Square
Churchill MB R0B 0E0
Phone: 204-675-8838
Fax: 204-675-2572

Dauphin
27 – 2nd Avenue South West
Dauphin MB R7N 3E5
Phone: 204-622-2092
Toll Free: 1-866-950-9925
Fax: 204-622-2138

Gimli
Box 1680, 122 – 5th Avenue
Gimli MB R0C 1B0
Phone: 204-642-6060
Toll free: 1-888-642-6066
Fax: 204-642-6063

Notre Dame de Lourdes
51 – 55 Rodgers Street
Notre Dame de Lourdes MB
R0G 1M0
Phone : 204-248-7270
Toll free: 1-866-267-6114
Fax: 204-248-7284

Portage la Prairie
B18 – 25 Tupper Street North
Portage la Prairie MB
R1N 3K1
Phone: 204-239-3680
Toll free: 1-866-440-4663
Fax: 204-239-3690

Roblin
Box 1028
117 – 2nd Avenue North
Roblin MB R0L 1P0
Phone: 204-937-6474
Toll free: 1-888-567-8125
Fax: 204-937-6478

Selkirk
102 – 235 Eaton Avenue
Selkirk MB R1A 0W7
Phone: 204-785-5228
Toll free: 1-800-441-5514
Fax: 204-785-5230

St. Pierre-Jolys
Box 381, 427 Sabourin Street
St. Pierre-Jolys MB R0A 1V0
Phone: 433-2578
Toll free: 1-866-563-2362
Fax: 204-433-3022

Swan River
1 – 516 Main Street
Swan River MB R0L 1P0
Phone: 204-734-4297
Toll Free: 1-866-950-9924
Fax: 204-734-5338

The Pas
Box 2550
214 Fischer Avenue
The Pas MB R9A 1M4
Phone: 204-627-8355
Toll free: 1-800-778-4311
Fax: 204-623-6114

Application Intake Use Only

Date received: _____ Points assessment: _____ Current application number: _____
Application received by: _____ MHA previous status: _____ MHA current status: _____ Bedroom size: _____

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 The Manitoba Housing Authority (MHA). All applicants will be notified in writing of the status of their eligibility after the assessment is completed by MHA Intake Services.

SECTION 1 APPLICANT

Last Name _____ First Name _____ Middle Name _____

Other Names (ex: maiden name, also known by, if applicable) _____

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 () _____

Alternate Number () _____

Please include name and relationship of contact person at alternate phone number. _____

Gender: Male Female

Marital Status: Single Married Separated Common Law Divorced Widow(er)
 Other (specify) _____

Status in Canada may require to show proof

Canadian Citizen Permanent Resident Sponsored Immigrant Refugee Claimant

CO-APPLICANT

Last Name _____ First Name _____ Middle Name _____

Relationship to Applicant _____

Other Names (ex: maiden name, also known by, if applicable) _____

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 () _____

Alternate Number () _____

Please include name and relationship of contact person at alternate phone number. _____

Gender: Male Female

Marital Status: Single Married Separated Common Law Divorced Widow(er)
 Other (specify) _____

Status in Canada may require to show proof

Canadian Citizen Permanent Resident Sponsored Immigrant Refugee Claimant

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

Last Name	First 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	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<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)

Why are you applying for housing? Physical condition of current residence is unsanitary or substandard
 Current residence does not meet your needs Cannot afford current rent
 Other please explain _____

Please list the town(s) or Winnipeg area(s) in which you would be willing to live (choose from enclosed list):

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 \$ _____
- What is your total gross monthly income? (Please ensure all income in the household is included)

Source of Income:	Applicant	Co-Applicant	Source of Income :	Applicant	Co-Applicant
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? None – Applicant None – Co-applicant

	Applicant Net Value	Co-Applicant Net Value		Applicant Net Value	Co Applicant 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

Name of Employer: _____

Phone Number: _____

If attending school:

Applicant

Name of Facility: _____

Phone Number: _____

Course Start Date: _____

Course End Date: _____

If receiving Employment and Income Assistance (EIA):

Applicant

Case Worker Name: _____

Phone Number: _____

Case Number: _____

Co-Applicant

Name of Employer: _____

Phone Number: _____

Co-Applicant

Name of Facility: _____

Phone Number: _____

Course Start Date: _____

Course End Date: _____

Co-Applicant

Case Worker Name: _____

Phone 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: _____
- 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 residence in unhealthy/unsanitary condition?

Yes No If yes, please explain: _____

**SECTION 4
SUITABILITY**

Please check the following which apply to you:

1. Do you/your family members have a medical disability which directly affects your need for housing?

Yes No

a. I/we require a mobility/wheelchair access unit because my/our current residence is not mobility/wheelchair accessible

Yes No

b. I/we require relocation to access support service that promote independent living Yes No

c. I/we require relocation due to medical reasons (need to be closer to support services) Yes No

d. I/we are unable to maintain current home due to medical limitations Yes No

Note: Medical confirmation will be required.

2. 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/Dependent

Organization: _____

Contact Name: _____ Phone Number: _____

3. Have you received a notice to move out by your current landlord? Yes No

If yes, please explain: _____

4. Are you currently homeless? Yes No If yes, please explain: _____

5. Are you required to leave your family/friend's home? Yes No

If yes, please explain: _____

6. Do you require accommodation due to recent fire/flood or other factors beyond your control? Yes No

If yes, please explain: _____

7. 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: _____

8. 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: _____

9. Do you own a vehicle(s)? Yes No

Do you require a parking stall? Yes No

If yes, how many? _____

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) _____

Has anyone in your household ever lived in a Manitoba Housing Authority unit?
 Yes No If yes, please indicate who lived in housing, the address and the dates:
 Residence Address _____
 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 Family Services and Housing to provide me/us with housing. I/we acknowledge that this application becomes the property of Manitoba Family Services and 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 _____

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 Manitoba Family Services and 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 The Manitoba Housing Authority Application Intake Services at 100 – 185 Smith Street, Winnipeg, MB, R3C 3G4, 204-945-4663, or toll free at 1-800-661-4663.

I/we understand and consent to have Manitoba Family Service and 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 Family Service and Housing and/or the appropriate housing program to do a personal investigation, including past and present landlord reference checks and utility 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 _____

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 Authority, an agent of Manitoba Family Services and 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 The Manitoba Housing Authority.

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 _____

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

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

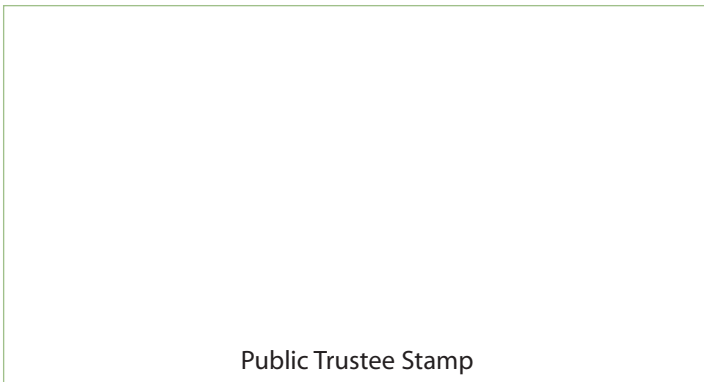
IMPORTANT:

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

- Completed your application in full
- Indicated your preferred location(s)
- Signed and dated your application form in all 3 places.
- Attached all your supporting documents.

If this 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 The Manitoba Housing Authority.

Name of Public Trustee _____
Phone Number _____



Public Trustee Stamp