

**CANADA-MANITOBA HOUSING BENEFIT  
YOUTH STREAM CHANGE IN INFORMATION FORM**

This form is available in alternate formats upon request.

Completed renewal forms can be submitted to Provincial Services:

- By email: [incsup@gov.mb.ca](mailto:incsup@gov.mb.ca)
- By fax: 204-945-3930
- In person or by regular mail: 114 Garry Street, Winnipeg, MB, R3C 4V4

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

**If you have a new address, rent, and/or utilities, please complete this section with the new information. Please include your tenancy agreement or EIA Rent Form with this form. If there are no changes, proceed to the next section.**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town (in Manitoba)

\_\_\_\_\_  
Postal Code

Please provide your monthly rent: \_\_\_\_\_

If you are sharing rental accommodation, please provide your portion of the monthly rent: \_\_\_\_\_

Does your rent include utilities (e.g. heat, electricity, water/sewer)?  Yes  No

If "no", please provide average monthly utility cost for:

\_\_\_\_\_  
Electricity

\_\_\_\_\_  
Natural Gas

\_\_\_\_\_  
Water

**If you have new contact information, please complete this section with the new information. If there are no changes, proceed to the next section.**

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email

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**If your income or income source have changed, please complete this section with the new information. If there are no changes, proceed to the next section.**

If you receive Employment and Income Assistance, please provide:

\_\_\_\_\_

Monthly Rent Assist Amount

\_\_\_\_\_

EIA Utilities Amount (if not included in Rent Assist amount)

If you receive non-EIA Rent Assist, please provide:

\_\_\_\_\_

Monthly Non-EIA Rent Assist Amount

I do not receive Employment and Income Assistance or non-EIA Rent Assist (check here).

If you want to change your payment information including changing your landlord for direct deposit, please complete this section with the new information. If there are no changes, leave blank.

### Payment Information

The Canada-Manitoba Housing Benefit will be sent to:

- Me, via direct deposit (please provide original signed copy of attached Direct Deposit form on page 4)
- Me, via mail
- My landlord, mailed to address indicated below
- A Public Trustee, mailed to address indicated below

### Information about your Landlord/Public Trustee

_____	_____	_____
Last Name	First Name	Rental Management Company (if applicable)
_____	_____	_____
Mailing Address	City/Town	Province
_____	_____	_____
Postal Code	Email	Telephone

I hereby authorize the payment of my Canada-Manitoba Housing Benefit direct to this individual/organization each month.

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

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

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

If you want to start, change, or withdraw from direct deposit, please complete this section with the new information. If there are no changes, leave blank.

## REQUEST DIRECT DEPOSIT

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### 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 – 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 fields below.

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Institution Number

\_\_\_\_\_  
Account Number

Financial Institution's Stamp
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### SECTION C – CLIENT AUTHORIZATION

I hereby authorize the Provincial Services Branch to deposit my benefit payments into the bank account in Section B. I agree to notify, in writing, the Provincial Services branch 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 Provincial Services branch 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.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date