



RURAL HOMEOWNERSHIP PROGRAM

Manitoba Housing Tenant

PROGRAM EVALUATION

APPLICANT TO COMPLETE AND RETURN
WITH THE APPLICATION AND INCOME DECLARATION

Information collected on this form will be used for the purpose of evaluating the Rural Homeownership Program only, and will be retained in an anonymous record. Results from the evaluation will assist Manitoba Housing in determining if the program is operating effectively and meeting the needs of Manitobans.

Date of Application : _____ / 20____ Date of Birth: _____(month)_____(day), 20____

Identify how you became first aware of the program: For Sale Sign: _____ Word of Mouth: _____ Posters: _____
Newspaper: _____ Manitoba Housing's Web Site: _____ Other (describe): _____

Relationship Status: Married___ Common Law ___ Widowed ___ Divorced___ Separated___ Single ___
Ancestral Status (Optional): Aboriginal _____ Other _____
Citizenship Status: Canadian Citizen _____ Permanent Resident _____ Other _____

DEPENDENTS (*living with you at the time that you move into the house*)

No. of children under 16 yrs of age _____ No. of children 16 years or older _____
No. of children working full or part time _____ Other dependents (explain) _____

RESIDENCY

Current Address: City / Town / Village _____ Province _____ Country _____

Specify the length of time you have lived at your current residence: No. of Months / Years _____

If you have lived in your current residence for six (6) months or less, list the cities, towns, or / and villages and their related provinces and countries in which you have lived for approximately the last three years.

Identify your current residency category: Homeowner _____ Renter _____ Shelter _____ or
Other (specify) _____ (living with family or friends and not paying rent).

If a homeowner, specify the length of time you have owned your own home: No. of Months / Years _____

If renting, identify one of the following: House _____ Part of a House _____ Townhouse _____ Apartment _____
Other (explain) _____ Specify your month rent: \$ _____

DISABILITY

Identify and describe whether you or a member of your household is a person with a disability.

FOR USE BY MANITOBA HOUSING ONLY

Applicant ID No.: _____ Application Received (Date): _____ / 20____
(month / day/ year)

Type of Stream: Chronically Vacant: _____ In-situ Tenant _____

Your personal information is collected under the authority of Manitoba Housing programs and will be used for the purpose of evaluating the Rural Homeownership Program. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA). Your personal health information (if applicable) is protected by Protection of Privacy Provisions of The Personal Health Information Act (PHIA). If you have any questions about the collection, contact the Access and Privacy Coordinator at 600 – 352 Donald Street, Winnipeg, MB R3B 2H8 204-945-3025.