



**Division/Branch**  
Address  
Town/City MB Postal Code  
**manitoba.ca/housing**

Name  
Title  
E-mail address  
**Tel: (204) 945-xxxx**  
**Toll Free: 1-800- if avail**  
**Fax: (204) 945-xxxx**

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<<Date>>

<<Leaseholder name>>

<<Co-leaseholder name>>

<<Address>>

<<City/town, MB postal code>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

## Program Eligibility – No Housing Available

Dear << Leaseholder and Co-leaseholder >>:

Your application for the Social Housing Rental Program has been reviewed. Based on the information provided on your application, it has been determined that you are eligible for the program. However, we do not have housing units that meet your needs in the location(s) you have requested. If you are willing to consider other locations, please contact our office by **[[Contact our office by: Enter 10 business days]]** to discuss this matter further.

If we do not hear from you by this date we will conclude that you no longer require housing and your application will be cancelled.

If you have any questions or concerns, please contact me.

Regards,

<<Sender Name>>

<<Sender Title>>

Tel:<<Sender Tel>>