

**MANITOBA HOUSING
APPLICATION FOR LICENCE TO OPERATE ELDERLY PERSONS' HOUSING UNITS
UNDER PROVISIONS OF
THE ELDERLY AND INFIRM PERSONS' HOUSING ACT ('ACT')**

NAME OF NON-PROFIT CORPORATION _____

MAILING ADDRESS OF NON-PROFIT CORPORATION _____

No. & Street/P.O. Box

City/Town

Postal Code

NAME OF BUILDING _____

STREET ADDRESS OF BUILDING _____

CONTACT PERSON _____ TELEPHONE _____

required

EMAIL: _____

MEMBERS AND OFFICERS OF THE BOARD OF DIRECTORS OF THE CORPORATION:

CHAIRMAN _____ MEMBER _____

SECRETARY _____ MEMBER _____

TREASURER _____ MEMBER _____

MEMBER _____ MEMBER _____

MEMBER _____ MEMBER _____

PROJECT DATA:

	Monthly Rental Rate	Number of Units In the Project	Vacant Units	Waiting List	Square Feet Per Unit
Bachelor Units	\$				
One Bedroom	\$				
Two Bedroom	\$				
TOTAL					

PLEASE NOTE THAT A SIGNED COPY OF YOUR MOST RECENT AUDITED FINANCIAL STATEMENT, ANNUAL BALANCE SHEET AND INCOME STATEMENT MUST BE ATTACHED TO THIS APPLICATION.

DEFINITION OF ELDERLY AND INFIRM PERSON

1. ELDERLY PERSON means

- a) an unmarried person of 55 or more years of age whose annual income, including assistance under the Old Age Security Act (Canada), does not exceed an amount equal to five times the annual rental for the accommodation that he occupies in an elderly persons' housing unit or a hostel, or
- b) A married person of 55 or more years of age whose annual income together with that of his spouse, including assistance under the Old Age Security Act (Canada), does not exceed an amount equal to five times the annual rental for the accommodation that he and his spouse occupy in an elderly persons' housing unit or a hostel, or
- c) A married person who is the spouse of a person to whom clause (b) refers

2. INFIRM PERSON means a person 18 years of age or more regardless of income who because of mental or physical disability is certified by a duly qualified medical practitioner as a person unable to provide or care for himself and needs to be under the care or supervision of another person.

DO ALL RESIDENTS OF THE ACCOMMODATION MEET THE DEFINITION OF ELDERLY PERSONS 'UNDER THE ACT'? (See Reverse) YES _____ NO _____

IF NO, PLEASE STATE APPROXIMATELY HOW MANY RESIDENTS DO NOT MEET THE DEFINITION, AND PROVIDE DETAIL ON HOW THEY FALL OUTSIDE THE DEFINITION OF "ELDERLY PERSON".

WE HEREBY CERTIFY that the above information is true and correct to the best of our knowledge.

WE HEREBY AUTHORIZE representatives of the Province to audit our tenant records for the purpose of verification of the above statement. Such an audit will take place during daylight hours after receiving twenty-four hours notice.

Signature of Chairperson

Signature of Board Member

Signed at _____ on _____
(town/city) day month year

PLEASE NOTE: SECTION 13.1 OF THE REGULATIONS TO THE ELDERLY AND INFIRM PERSONS' HOUSING ACT, EFFECTIVE NOVEMBER 15, 1997, STATES THAT "NO LICENSE SHALL BE ISSUED UNDER SECTION 27 OF THE ACT IN RESPECT OF AN ELDERLY PERSONS' HOUSING UNIT THAT EXCEEDS THE FOLLOWING FLOOR AREAS, MEASURED FROM THE CENTRE LINE OF THE PARTY WALLS AND THE OUTER SIDE OF THE EXTERIOR OR CORRIDOR WALLS ENCLOSING THE UNIT, BUT NOT INCLUDING ANY BULK STORAGE ROOM:

- a) IN THE CASE OF A BACHELOR UNIT, 435 SQUARE FEET;**
- b) IN THE CASE OF A ONE BEDROOM UNIT, 585 SQUARE FEET;**
- c) IN THE CASE OF A TWO BEDROOM UNIT, 840 SQUARE FEET."**

SECTION 27(2) OF THE E&IPH ACT PERMITS THAT PROJECTS LICENSED PRIOR TO THE NOVEMBER 15, 1997 EFFECTIVE DATE OF THE ABOVEMENTIONED REGULATION WILL CONTINUE TO QUALIFY FOR LICENSING UNDER THE E&IPH ACT, PROVIDED THAT ALL OTHER EIGIBILITY CRITERIA CONTINUE TO BE MET.

PLEASE NOTE: SECTION 14 OF THE REGULATIONS TO THE ELDERLY AND INFIRM PERSONS' HOUSING ACT STATES THAT "NO LICENCE SHALL BE ISSUED UNDER SECTION 27 OF THE 'ACT' UNLESS THE APPLICANT SATISFIES THE MINISTER THAT THE ACCOMMODATION COMPLIES WITH PROVINCIAL HEALTH, FIRE, AND SAFETY REGULATIONS APPLICABLE TO THE ACCOMMODATION TO WHICH THE LICENCE RELATES".

WE HEREBY CERTIFY that the status of the corporation as a Non-Profit Corporation has been established and properly recorded with the Provincial Registrar of Companies, and that the information as documented above is true and accurate.

WE HEREBY CERTIFY that the above referenced Corporation complies with the Provincial and Municipal Health, Fire and Safety regulations applicable to the accommodation to which the E&IPH Licence relates.

Signature of Chairman

Signature of Board Member

Signed at _____ on _____
(town/city) day month year