

---

**CANADA-MANITOBA HOUSING BENEFIT  
YOUTH STREAM APPLICATION FORM**

This application is available in alternate formats upon request.

Note: If this form has been completed by an applicant's Power of Attorney or Public Trustee please include a copy of the document(s) that verifies this authority

**Preliminary Questions**

These questions are meant to determine if your information is already collected by the Department of Families. If you answered yes to question 1 or 2 below and provided your corresponding case/application number, please proceed to page 2 of the application and complete the shortened application form for applicants in receipt of Employment and Income Assistance (EIA) or non-EIA Rent Assist.

If you answer no to questions 1 and 2 below, please proceed to page 8 of the application and complete the full application form.

All applicants must sign the collection, use and disclosure of personal information form for their application to be processed.

1. Do you receive EIA? Note: if you get EIA Health Benefits only check "No".

Yes     No    If "yes", please provide EIA case number: \_\_\_\_\_

2. Do you receive non-EIA Rent Assist?

Yes     No    If "yes", please provide non-EIA Rent Assist application number: \_\_\_\_\_

**SHORTENED APPLICATION FORM  
FOR APPLICANTS IN RECEIPT OF EIA OR NON-EIA RENT ASSIST**

**Child and Family Services Agency Information**

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Case Worker's Name

\_\_\_\_\_  
Case Worker's Phone

\_\_\_\_\_  
Case Worker's Email

**Payment Information:**

The Canada-Manitoba Housing Benefit will be sent to:

- Me, via direct deposit (please use my direct deposit information on file for EIA/non-EIA Rent Assist)
- Me, via mail (please use my address on file for EIA/non-EIA Rent Assist)
- 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 (print name)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**EIA recipients – please complete information on next page.**

**Non-EIA Rent Assist recipients – please proceed to page 5 to complete additional information.**

**Additional Information (EIA recipients only)**

**DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION**

For applications received between January and June, net household income (Line 236) as determined by the Canada Revenue Agency (CRA) from **two years prior** to the current year will be used to calculate your benefit. If the application is received between July and December, net household income as determined by the CRA from the **previous year** will be used to calculate the benefit.

- If you or any household member(s) over the age of 18 filed a tax return in the previous year, a Proof of Income (Option C) print-out for the appropriate tax year (see above) can be obtained by calling the CRA at 1-800-959-8281. Do not send an income tax summary or Notice of Assessment.
- If you or any household member(s) over the age of 18 did not file a tax return in the previous year, complete the Income Declaration section of the application and provide any supporting documentation.
- A copy of your current tenancy agreement.

**Additional Rental Information:**

If you are sharing rental accommodation, please provide:

\_\_\_\_\_  
Applicant's Portion of Monthly Rent

**Other Shelter Expenses (Utilities)**

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

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

\_\_\_\_\_  
Electricity

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

\_\_\_\_\_  
Water

**Income Declaration:**

If you or any household member(s) over the age of 18 did not file a tax return in the previous year, please complete the section below and provide all supporting documentation to verify this income.

For adult household members, list the net monthly income received below. Do not include amount received for Canada Child Benefit.

**Employment Income**

Examples may include monthly wages/salaries, self-employment income, worker's compensation, court awards or insurance settlements aimed to replace loss of wages, strike/lock-out pay.

\_\_\_\_\_  
Income Source

\_\_\_\_\_  
Monthly Income Amount

\_\_\_\_\_  
Income Source

\_\_\_\_\_  
Monthly Income Amount

\_\_\_\_\_  
Income Source

\_\_\_\_\_  
Monthly Income Amount

**Other Income**

Examples may include monthly court awards/insurance settlements aimed to provide for living expenses, orphan benefits, child support, maintenance, alimony, educational funding.

\_\_\_\_\_  
Income Source

\_\_\_\_\_  
Monthly Income Amount

\_\_\_\_\_  
Income Source

\_\_\_\_\_  
Monthly Income Amount

\_\_\_\_\_  
Income Source

\_\_\_\_\_  
Monthly Income Amount

Does anyone in your household (other than yourself) receive EIA? Note: if they get EIA Health Benefits only check "No".

Yes   No   If "yes", please provide EIA case number: \_\_\_\_\_

Does anyone in your household (other than yourself) receive non-EIA Rent Assist?

Yes   No   If "yes", please provide non-EIA Rent Assist application number: \_\_\_\_\_

**Please proceed to page 6 (Collection, Use and Disclosure of Personal Information) to complete your application.**

**Additional Information (Non-EIA Rent Assist recipients only)**

**Rental Information**

\_\_\_\_\_  
Applicant's Portion of Monthly Rent (if sharing rental accommodation)

**Other Shelter Expenses (Utilities)**

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

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

\_\_\_\_\_  
Electricity

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

\_\_\_\_\_  
Water

**Please proceed to page 6 (Collection, Use and Disclosure of Personal Information) to complete your application.**

## **COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

Your personal information is collected under the authority of Manitoba Housing programs and will be used to determine your eligibility and verify your ongoing eligibility for benefits under the Canada-Manitoba Housing Benefit program. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of personal information, please contact the Access and Privacy Coordinator at 700-352 Donald Street, Winnipeg, MB, (204) 945-3025.

### **CONSENT TO DISCLOSE/SHARE INFORMATION**

I understand that Provincial Services is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to Provincial Services sharing any personal information with other Manitoba government departments and agencies for the purpose of determining eligibility for the Canada-Manitoba Housing Benefit program and determining housing need.

I authorize any person, agency or organization to release and/or exchange information for that purpose. I understand this consent includes requests pertaining to my employment, income, assets, liabilities, resources, benefits received under other programs or any other relevant personal information.

I understand that Provincial Services will be unable to determine my eligibility for the Canada-Manitoba Housing Benefit program if I choose not to provide the consent described above.

I consent to have Provincial Services connect me to wrap-around services by giving my contact information to any Manitoba government programs, any federal government programs, or any partner organizations. I understand that the purpose of these referrals is to provide information about programs that I may be interested in, such as education, training, and mentoring. I am not required to participate in any programs offered. I understand that my benefit will not be affected if I decline any programs offered.

I understand that the Manitoba government (or a third party contracted by the Manitoba government) may use my de-identified information for analysis and research of its programs and services. This might involve my information being combined with information from other Manitoba government departments and/or agencies. I understand that the Manitoba government may contact me for feedback regarding the Canada-Manitoba Housing Benefit program.

I understand that my de-identified information may be disclosed to the Government of Canada and its agents, including Statistics Canada and the Canada Mortgage and Housing Corporation (or a third party contracted by the Government of Canada) for analysis and research of national housing programs.

A copy or an electronically transmitted copy of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure and/or exchange of information.

**DECLARATION**

I understand that this application is not an agreement on the part of Provincial Services to provide me with housing.

I acknowledge that, once submitted, this application becomes the property of Provincial Services.

If this application is accepted, I acknowledge my obligation to notify the administering office immediately of any change(s) in my circumstances, including any change in residential address or income, and all such other information which may affect my benefits or eligibility.

I certify that the information given in this statement is true, correct, and complete in every respect. If something is incorrect or not true, I understand that Provincial Services may cancel my application or take any other measures deemed appropriate.

I understand that the information provided to Provincial Services will be reviewed and this application may be returned or additional information may be required based upon that review. I understand that late applications may affect the amount of benefits to be paid on my behalf.

**SIGNATURES**

_____	_____	_____
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

**FULL APPLICATION FORM  
FOR APPLICANTS NOT IN RECEIPT OF EIA OR NON-EIA RENT ASSIST**

**DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION**

For applications received between January and June, net household income (Line 236) as determined by the Canada Revenue Agency (CRA) from **two years prior** to the current year will be used to calculate your benefit.

If the application is received between July and December, net household income as determined by the CRA from the **previous year** will be used to calculate the benefit.

- If you or any household member(s) over the age of 18 filed a tax return in the previous year, a Proof of Income (Option C) print-out for the appropriate tax year (see above) can be obtained by calling the CRA at 1-800-959-8281. Do not send an income tax summary or Notice of Assessment.
- If you or any household member(s) over the age of 18 did not file a tax return in the previous year, complete the Income Declaration section of the application and provide any supporting documentation.
- If you choose the benefit be paid directly to you, the original signed Direct Deposit form (see attached).
- A copy of your current tenancy agreement.
- If you are not a Canadian Citizen, include copies of your "Confirmation of Permanent Residence" document (Landing Papers). The Permanent Resident card is not sufficient.

**PLEASE PRINT CLEARLY**

In which language do you wish to receive your correspondence?  English  French

What is your preferred method of communication?  Mail  Phone  E-mail  No Preference

**Applicant/Address Information:**

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

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

\_\_\_\_\_   
 Birthdate (DD/MM/YYYY)

\_\_\_\_\_   
 Social Insurance Number

\_\_\_\_\_   
 Email

\_\_\_\_\_   
 Cell #

\_\_\_\_\_   
 Telephone

\_\_\_\_\_   
 Address

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

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

**Citizenship Information:**

Indicate if you are:

A Canadian Citizen

A Permanent Resident

Date of Landing (DD/MM/YYYY): \_\_\_\_\_

In Canada under a Study or Work Permit

Date of Landing (DD/MM/YYYY): \_\_\_\_\_

**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

**Additional Rental Information (Copy of Tenancy Agreement required):**

If you are sharing rental accommodation, please provide:

\_\_\_\_\_   
 Applicant's Portion of Monthly Rent

**Other Shelter Expenses (Utilities)**

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

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

\_\_\_\_\_   
 Electricity

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

\_\_\_\_\_   
 Water

---

**Income Declaration:**

If you or any household member(s) over the age of 18 did not file a tax return in the previous year, please complete the section below and provide all supporting documentation to verify this income.

For adult household members, list the net monthly income received below. Do not include amount received for Canada Child Benefit.

**Employment Income**

Examples may include monthly wages/salaries, self-employment income, worker’s compensation, court awards or insurance settlements aimed to replace loss of wages, strike/lock-out pay.

_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount

**Other Income**

Examples may include monthly court awards/insurance settlements aimed to provide for living expenses, orphan benefits, child support, maintenance, alimony, educational funding.

_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount

Does anyone in your household (other than yourself) receive EIA? Note: if they get EIA Health Benefits only check “No”.

Yes     No    If “yes”, please provide EIA case number: \_\_\_\_\_

Does anyone in your household (other than yourself) receive non-EIA Rent Assist?

Yes     No    If “yes”, please provide non-EIA Rent Assist application number: \_\_\_\_\_

---

**Child and Family Services Agency Information**

---

Agency Name

---

Agency Address

---

Case Worker's Name

---

Case Worker's Phone

---

Case Worker's Email

---

**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)
- Me, to the address on this application
- My landlord, mailed to address on tenancy agreement
- A Public Trustee, mailed to address indicated below

**Information about your Public Trustee**

---

Last Name

---

First Name

---

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 (print name)

---

Applicant's signature

---

Date

## **COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

Your personal information is collected under the authority of Manitoba Housing programs and will be used to determine your eligibility and verify your ongoing eligibility for benefits under the Canada-Manitoba Housing Benefit program. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of personal information, please contact the Access and Privacy Coordinator at 700-352 Donald Street, Winnipeg, MB, (204) 945-3025.

### **CONSENT TO DISCLOSE/SHARE INFORMATION**

I understand that Provincial Services is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to Provincial Services sharing any personal information with other Manitoba government departments and agencies for the purpose of determining eligibility for the Canada-Manitoba Housing Benefit program and determining housing need.

I authorize any person, agency or organization to release and/or exchange information for that purpose. I understand this consent includes requests pertaining to my employment, income, assets, liabilities and resources, benefits received under other programs or any other relevant personal information.

I understand that Provincial Services will be unable to determine my eligibility for the Canada-Manitoba Housing Benefit program if I choose not to provide the consent described above.

I consent to have Provincial Services connect me to wrap-around services by giving my contact information to any Manitoba government programs, any federal government programs, or any partner organizations. I understand that the purpose of these referrals is to provide information about programs that I may be interested in, such as education, training, and mentoring. I am not required to participate in any programs offered. I understand that my benefit will not be affected if I decline any programs offered.

I understand that the Manitoba government (or a third party contracted by the Manitoba government) may use my de-identified information for analysis and research of its programs and services. This might involve my information being combined with information from other Manitoba government departments and/or agencies. I understand that the Manitoba government may contact me for feedback regarding the Canada-Manitoba Housing Benefit program.

I understand that my de-identified information may be disclosed to the Government of Canada and its agents, including Statistics Canada and the Canada Mortgage and Housing Corporation (or a third party contracted by the Government of Canada) for analysis and research of national housing programs.

A copy or an electronically transmitted copy of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure and/or exchange of information.

**DECLARATION**

I understand that this application is not an agreement on the part of Provincial Services to provide me with housing.

I acknowledge that, once submitted, this application becomes the property of Provincial Services.

If this application is accepted, I acknowledge my obligation to notify the administering office immediately of any change(s) in my circumstances, including any change in residential address or income, and all such other information which may affect my benefits or eligibility.

I certify that the information given in this statement is true, correct, and complete in every respect. If something is incorrect or not true, I understand that Provincial Services may cancel my application or take any other measures deemed appropriate.

I understand that the information provided to Provincial Services will be reviewed and this application may be returned or additional information may be required based upon that review. I understand that late applications may affect the amount of benefits to be paid on my behalf.

**SIGNATURES**

_____	_____	_____
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

## REQUEST DIRECT DEPOSIT

---

### 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

### 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