
**CANADA-MANITOBA HOUSING BENEFIT
YOUTH STREAM RENEWAL 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

This renewal application form is meant to determine where your information has already been collected within the Department of Families and will need to be completed annually to ensure eligibility and the continuation of the benefit.

All applicants must sign the collection, use and disclosure of personal information form for their renewal application to be processed. If this renewal application is accepted, it is your obligation to notify the administering office immediately of any change(s) in your circumstances, including any changes in household size, rent, residential address and income, and all such other information which may affect your benefits or eligibility.

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

Preliminary Questions

Only complete the following questions if there have been any change(s) in your circumstances. If there are no changes, proceed to the next section.

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 4 to complete additional information.

Additional Information (EIA recipients only)

DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION UNLESS OTHERWISE NOTED

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.
- A copy of your current tenancy agreement (**only if changed**)

Only complete this following section if there have been any change(s) in your circumstances.

Additional Rental Information:

If you are sharing rental accommodation, please provide:

Applicant's Portion of Monthly Rent

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 5 (Collection, Use and Disclosure of Personal Information) to complete your application.

Additional Information (Non-EIA Rent Assist recipients only)

Only complete this section if there have been any change(s) in your circumstances.

Rental Information

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

Other Shelter Expenses (Utilities)

Does your rent include utilities? Yes No

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

Electricity

Natural Gas

Water

Please proceed to page 5 (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 RENEWAL APPLICATION FORM
FOR APPLICANTS NOT IN RECEIPT OF EIA OR NON-EIA RENT ASSIST

DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION UNLESS OTHERWISE INDICATED

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 and **your information has changed**, the original signed Direct Deposit form (see attached).
- A copy of your current tenancy agreement (**only if changed**).

Only complete this following sections if there have been any change(s) in your information. If there are no changes to any of your information, please proceed to page 11 (Collection, Use and Disclosure of Personal Information) to complete your application.

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:

_____ Email

_____ Cell #

_____ Telephone

_____ Address

_____ City/Town (in Manitoba)

_____ Postal Code

Citizenship Information:

Indicate if you are:

Canadian Citizen

A Permanent Resident

Date of Landing (DD/MMM/YYYY): _____

In Canada under a Study or Work Permit

Date of Landing (DD/MMM/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: _____

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

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SIGNATURES

_____	_____	_____
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_____	_____	_____
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