

Rural Homeownership Program

Evaluation Form



APPLICANT TO COMPLETE AND RETURN WITH THE APPLICATION

Information collected on this form will be used for 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.

Application Date: _____ Date of Birth: _____(month) ___(day) ___(year)

Summary

- How did you become aware of the program: For Sale Sign__ Poster__ Newspaper__ Word of Mouth__ Manitoba Housing's Web Site__ Other_____
- Relationship Status: Married__ Common Law__ Widowed__ Divorced__ Separated__ Single__
- Ancestral Status (Optional): Aboriginal _____ Other _____
- Citizenship Status: Canadian Citizen __ Permanent Resident __ Other _____

Dependants (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 Residence: City/Town _____ Province __ Country _____
- Specify the length of time you have lived at your current residence: _____
- If you have lived in your current residence for six (6) months or less, list the places you have lived for approximate the last three years: _____
- Identify your current residency category: Homeowner__ Renter__ Other_____
- If a homeowner, specify the length of time you have owned your own home: _____
- If renting, identify one of the following: House__ Part of a House__ Townhouse__ Apartment__ Other (explain) _____ Current monthly rent: \$ _____

Disability

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

Your personal information is collected under the authority of Manitoba Housing programs and will be used for 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.

Available in alternate format upon request