

**HOUSING DELIVERY BRANCH  
APPLICATION – RURAL HOMEOWNERSHIP FORGIVABLE LOAN**



A – FOR USE BY THE MANITOBA HOUSING AND RENEWAL CORPORATION ONLY					
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Disabled	Related Account No.	MFS&H Account No.		
Type of disability: 01 – Visual    02 – Hearing    03 – Cognition    04 – Mobility    05 – Allergies    06 – Other:					
No. of occupants: [ ] Disability: [ ]		No. of occupants: [ ] Disability: [ ]		No. of occupants: [ ] Disability: [ ]	
<b>Programs Accessed:</b> <input type="checkbox"/> <b>HO RRAP</b> <input type="checkbox"/> <b>DIS RRAP</b> <input type="checkbox"/> <b>ERP</b> <input type="checkbox"/> <b>NHA</b>				<b>Fiscal Year:</b>	
Geo Code	Fed. Constituency. Code	Forgiveness Zone	Market Area Code	Remote: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**B - GENERAL INFORMATION – None of the information provided in this section will qualify or disqualify you for assistance.**

**Which language do you prefer for correspondence?**     English     French

**C – APPLICATION INFORMATION**

<b>Applicant name:</b>	Last: _____	First: _____	S.I.N.: _____
<b>Telephone number(s):</b>	Home: _____	Work: _____	Birth Date: _____
<b>Co-applicant name:</b>	Last: _____	First: _____	S.I.N.: _____
<b>Telephone number(s):</b>	Home: _____	Work: _____	Birth Date: _____

**D - PROPERTY ADDRESS**

Street no. and name or legal description (lot, concession, township, etc.): \_\_\_\_\_

City, Town, or Municipality: \_\_\_\_\_ Province: **Manitoba** Postal Code: \_\_\_\_\_

**E - MAILING ADDRESS (if different from above)**

Street no. and name or legal description (lot, concession, township, etc.): \_\_\_\_\_

City, Town, or Municipality: \_\_\_\_\_ Province: **Manitoba** Postal Code: \_\_\_\_\_

**F - PROPERTY INFORMATION**

What is the age of the house? [ ][ ] years     Estimated     Actual

What is the approximate value of the house? \$ \_\_\_\_\_ Source of this estimate? \_\_\_\_\_

House type:    Single-detached:     Semi-detached:

**G - TYPES OF REPAIRS REQUESTED**

Briefly describe the repairs you are requesting under the RURAL HOMEOWNERSHIP PROGRAM:

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**RURAL HOMEOWNERSHIP PROGRAM**

Manitoba Housing and Community Development is subject to the Freedom of Information and Protection of Privacy Act (FIPPA).  
Individuals have a right of access to Manitoba Housing controlled information about themselves.



HOUSING SERVICES  
**MEDICAL FORM**



To be completed when applying for financial assistance to modify a home to accommodate the physical disabilities of one or more of the occupants.

**PERSONS QUALIFIED TO COMPLETE THIS FORM ARE MEDICAL DOCTORS, OPTOMETRISTS, AUDIOLOGISTS, OCCUPATIONAL THERAPISTS, AND PSYCHOLOGISTS.**

What impairments/disabilities can be certified by:

- Medical Doctors:** all
- Optometrists:** blindness, vision
- Audiologists:** hearing
- Occupational Therapists:** mobility
- Psychologists:** perception, cognitive, memory

The information requested about the person with the disabilities will be used in connection with the homeowner or landlord applying for funding under **HS** to carry out modifications to their dwelling that are directly related to the specific disability.

<b>NAME OF PATIENT:</b>	<b>HOW LONG HAS THIS PATIENT BEEN UNDER YOUR CARE?</b>
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**PLEASE DESCRIBE THE NATURE OF THE PATIENT'S CONDITION:**


**IS THE PATIENT'S CONDITION DISABLING? PLEASE EXPLAIN:**


**PLEASE ADVISE WHAT TYPES OF MODIFICATIONS TO THE PATIENT'S DWELLING WOULD BENEFIT THE PATIENT'S DISABILITIES.**  
**\*\* DO NOT RECOMMEND NORMAL MAINTENANCE & REPAIR ITEMS - ONLY MODIFICATIONS THAT RELATE TO THE PATIENT'S DISABILITY \*\***


<b>HEALTH CARE PROFESSIONAL'S NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
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**AREA OF SPECIALIZATION:**

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**ADDRESS & TELEPHONE NUMBER (PLEASE USE STAMP IF AVAILABLE):**

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***HP must receive the original of this form.***