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



Canada	Page 1 of 2 Manitobo	
A – FOR USE BY THE MANITOBA HOUSING AND RE	ENEWAL CORPORATION ONLY	
Homeowner Disabled Related Account No.	MFS&H Account No.	
Type of disability: 01 – Visual 02 – Hearing 03 – Cogniti	ion 04 – Mobility 05 – Allergies 06 – Other:	
No. of occupants: [] Disability: [] No. of occu	upants: [] Disability: [] No. of occupants: [] Disability	: []
Programs Accessed: HO RRAP DIS RRAP	ERP NHA Fiscal Year:	
Geo Code Fed. Constituency. Code	Forgiveness Zone Market Area Code Remote: Yes	No 🗍
	Remote. 1cs	110
<b>B - GENERAL INFORMATION</b> – None of the information	on provided in this section will qualify or disqualify you for assistance.	
Which language do you prefer for correspondence?	English French	
C – APPLICATION INFORMATION		
Applicant name: Last:	First: S.I.N.: _	_
Telephone number(s): Home:	Work: Birth Date:	
Co-applicant name: Last:	First: S.I.N.: _	_
Telephone number(s): Home:	Work: Birth Date:	
D - PROPERTY ADDRESS		
Street no. and name or legal description (lot, concession, township, etc.):		
City, Town, or Municipality:	Province: Postal Code: <b>Manitoba</b>	
E - MAILING ADDRESS (if different from above)		
Street no. and name or legal description (lot, concession, township, etc.):		
City, Town, or Municipality:	Province: Postal Code:	
	Manitoba	
F - PROPERTY INFORMATION		
What is the age of the house? [ ] years Estim	nated 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:	

H - TYPES OF MODIFICATIONS REQUIRED TO ACCOMMODATE DISABILITIES – Medical Form Required	
If you, or a member of your household, have/has a medically documented disability, describe any modifications you require th related directly to that disability:	at are
reduced directly to didt diodolity?	
T - DECLARATION	
I - DECLARATION  I/We understand that this application does not constitute an agreement on the part of The Manitoba Housing and Renewal Corporat (MHRC) to provide me/us with financial assistance through the Rural Homeownership Program. I acknowledge that, once submitted application becomes the property of Manitoba Housing and Community Development.	
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## 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.

NAME OF PATIENT:	HOW LONG HAS	S THIS PATIENT BEEN UNDER YOUR CARE?		
PLEASE DESCRIBE THE NATURE OF THE PATIENT'S CONDITION:				
IS THE PATIENT'S CONDITION DISABLING? PLEASE EXPLAIN:				
PLEASE ADVISE WHAT TYPES OF <u>MODIFICATIONS</u> 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 **				
HEALTH CARE PROFESSIONAL'S NAME:	SIGNATURE:	D. 77		
HEALTH CARE PROFESSIONAL S NAME:	SIGNATURE:	DATE:		
AREA OF SPECIALIZATION:				
ADDRESS & TELEPHONE NUMBER (PLEASE USE STAMP IF AVAILABLE):				

HP must receive the original of this form.