



## RURAL HOMEOWNERSHIP PROGRAM

Manitoba Housing Tenant

### PROGRAM EVALUATION

APPLICANT TO COMPLETE AND RETURN  
WITH THE APPLICATION AND INCOME DECLARATION

Information collected on this form will be used for the purpose of 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.

Date of Application : \_\_\_\_\_ / 20\_\_\_\_ Date of Birth: \_\_\_\_ (month) \_\_\_\_ (day), 20\_\_\_\_

Identify how you became first aware of the program: For Sale Sign: \_\_\_\_\_ Word of Mouth: \_\_\_\_\_ Posters: \_\_\_\_\_  
Newspaper: \_\_\_\_\_ Manitoba Housing's Web Site: \_\_\_\_\_ Other (describe): \_\_\_\_\_

Relationship Status: Married \_\_\_ Common Law \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_

Ancestral Status (Optional): Aboriginal \_\_\_\_\_ Other \_\_\_\_\_

Citizenship Status: Canadian Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Other \_\_\_\_\_

#### DEPENDENTS ( *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 Address: City / Town / Village \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Specify the length of time you have lived at your current residence: No. of Months / Years \_\_\_\_\_

If you have lived in your current residence for six (6) months or less, list the cities, towns, or / and villages and their related provinces and countries in which you have lived for approximately the last three years.

Identify your current residency category: Homeowner \_\_\_\_\_ Renter \_\_\_\_\_ Shelter \_\_\_\_\_ or  
Other (specify) \_\_\_\_\_ (living with family or friends and not paying rent).

If a homeowner, specify the length of time you have owned your own home: No. of Months / Years \_\_\_\_\_

If renting, identify one of the following: House \_\_\_\_\_ Part of a House \_\_\_\_\_ Townhouse \_\_\_\_\_ Apartment \_\_\_\_\_

Other (explain) \_\_\_\_\_ Specify your month rent: \$ \_\_\_\_\_

#### DISABILITY

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

#### FOR USE BY MANITOBA HOUSING ONLY

Applicant ID No.: \_\_\_\_\_ Application Received (Date): \_\_\_\_\_ / 20\_\_\_\_  
(month / day/ year)

Type of Stream: Chronically Vacant: \_\_\_\_\_ In-situ Tenant \_\_\_\_\_