



Division/Branch
Address
Town/City MB Postal Code
manitoba.ca/housing

Name
Title
E-mail address
Tel: (204) 945-xxxx
Toll Free: 1-800- if avail
Fax: (204) 945-xxxx

<<Date>>

<<Leaseholder name>>

<<Co-leaseholder name>>

<<Address>>

<<City/town, MB postal code>>

Tenancy Reference: <<Tcy_RefNo.>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

Condolences For Your Loss

Dear << Leaseholder and Co-Leaseholder >>:

Manitoba Housing is sorry to hear about the loss of **[[Leaseholder or Co-Leaseholder Name]]**. We understand this may be a difficult time for you and the family. Should you require support during this difficult time, please contact me to discuss your needs and allow me to refer you to the resources and services available to you.

If you wish to remain in the Social Housing Rental Program, we must confirm your continued eligibility. Please complete and return the enclosed Subsidy Update Form by **[[Enter date form to be returned by: (15 business days from letter date MMMM DD, YYYY)]]**.

Please contact your Property Manager, **<<name>>** at **<<phone number>>** if you no longer wish to remain in the unit.

Regards,

<<Sender Name>>

<<Sender Title>>

Tel: <<Sender Tel>>

Encl.: Subsidy Update Form