

Rent Supplement Program Application Form



APPLICANT NAME: FIRST _____ LAST _____ MIDDLE _____

CO-APPLICANT / SPOUSE NAME: FIRST _____ LAST _____ MIDDLE _____

ADDRESS APPLIED FOR: _____ CITY/TOWN: _____ POSTAL CODE: _____

NUMBER OF BEDROOMS: _____ HOUSING TYPE (APARTMENT/TOWNHOUSE): _____ CIRCLE: END OR CENTRE UNIT

HOME TELEPHONE: _____ ALTERNATE TELEPHONE: _____ E-MAIL ADDRESS: _____

Please list **ALL** household members (including self) who will be living in the above unit.

Name	Relationship to applicant	Date of Birth (m/d/y)	Citizenship					Income- include income for all adult household members	
			Canadian Citizen	Permanent Resident (Class)			Refugee claimant	Gross monthly income	Sources of income (Employment, OAS, EIA, CPP, E.I., Worker's Compensation, etc.)
				Economic	Family ¹	Refugee			
	SELF								
								EIA No. _____	

FOR MANITOBA HOUSING TO COMPLETE: Previously lived in MB Housing Unit? Yes or No Manitoba Housing arrears? Yes or No
 Unit size according to National Occupancy Standards: Bachelor 1 Bedroom 2 Bedroom 3 Bedroom 4+ Bedroom

Information Package and Application available in alternate formats upon request. **Project #** _____ **Renewal Month** _____

¹ Permanent Residents sponsored under the Family Class are only eligible if sponsorship has broken down/ended and EIA support has been granted.

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Your personal information is collected under the authority of Manitoba Housing programs and will be used to determine your eligibility and verify your ongoing eligibility for benefits under the Rent Supplement Program. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of personal information, please contact the Access and Privacy Coordinator at 600-352 Donald Street, Winnipeg, MB, (204) 945-3025.

CONSENT TO DISCLOSE/SHARE INFORMATION

I consent to Manitoba Housing/the Landlord sharing any personal information with other Government of Manitoba departments and agencies for the purpose of determining eligibility for the Rent Supplement Program and determining housing needs.

I authorize any person, agency or organization to release and/or exchange information for that purpose. I understand this consent includes requests pertaining to my Social Insurance Number(s), employment, income, assets, liabilities and resources, benefits received under other programs or any other relevant personal information.

I understand that Manitoba Housing will be unable to determine my eligibility for the Rent Supplement Program if I choose not to provide the consent described above.

A copy or facsimile of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure and/or exchange of information.

DECLARATION

I understand that this application is not an agreement on the part of Manitoba Housing to provide me/us with housing. I/we acknowledge that, once submitted, this application becomes the property of Manitoba Housing.

I certify that the information given in this statement is true, correct, and complete in every respect. It fully discloses my income from all sources. If something is incorrect or not true, I understand that Manitoba Housing may cancel our application or take any other measures deemed appropriate.

SIGNATURES

Applicant Name (please print)

Applicant Signature

Date

Co-applicant Name (please print)

Co-applicant Signature

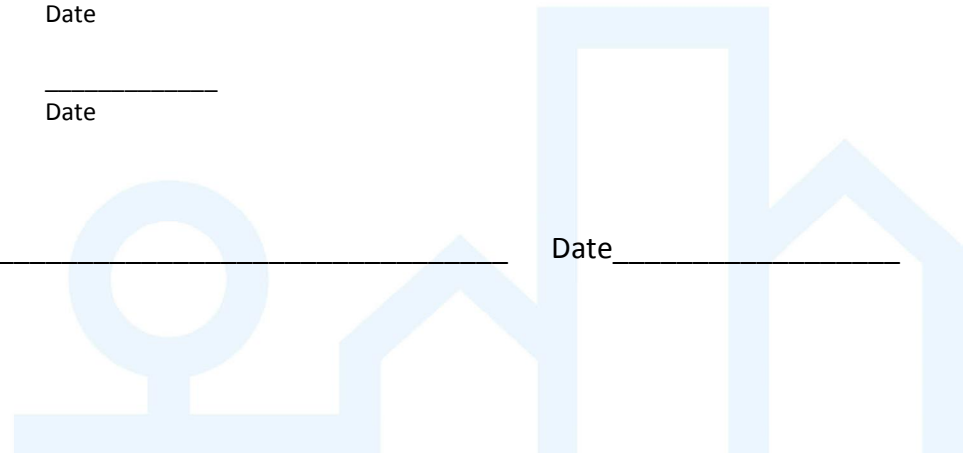
Date

For those signing with an "X" a witness name and signature is required.

Witness Name _____
Print Name

Witness Signature _____

Date _____



Consent to Release Certified Income Information

I consent to the release, by the Canada Revenue Agency to the Manitoba Housing and Renewal Corporation (Manitoba Housing), of information from my income tax return(s). The information will be relevant to and used solely for verifying eligibility for government-subsidized rental housing under The Housing and Renewal Corporation Act of Manitoba.

This authorization is valid for the previous two tax years, the current year and each year thereafter if I am a tenant with Manitoba Housing. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to Manitoba Housing.

First Name: _____
Last Name: _____
Social Insurance Number (SIN): _____ / _____ / _____
Signature: _____
Date: _____

