



## SECONDARY SUITES PROGRAM APPLICATION FORM

### PART 1: APPLICANT INFORMATION

All parties named on the title of the property where the secondary suite will be developed must sign as applicants and execute agreements if application is successful. If required, attach information for more owners separately.

#### Applicant Name

Name	SIN
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Daytime Telephone number	Other	Email address(Optional)
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#### Co- applicant Name

Name	SIN
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Daytime Telephone number	Other	Email address(Optional)
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#### Applicant's Current Address

Number /P.O. Box	Street	City/Town	Postal Code
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Will the Secondary Suite be developed at the address provided above?

Yes – Complete part 2A and 2C

No – Complete part 2B and 2C

### PART 2: PRIMARY DWELLING INFORMATION

#### PART 2A: Legal Description (as shown on property title or property tax statement)

#### PART 2B: Complete this section if you **do not** currently reside where the secondary suite will be developed.

**Property Address.**

Number/P.O. Box	Street	City/Town	Postal Code
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Legal Description (as shown on property title or property tax statement)	This property is <input type="checkbox"/> A new build <input type="checkbox"/> An existing house
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**PART 5 : PROPOSED SECONDARY SUITE FLOOR PLAN**

**Include the following information and features on your floor plan. Either sketch plan below or provide a plan with the following information.**

Property address, suite entrance and building entrance (if different), windows, bathroom, kitchen, living area and sleeping area.

**PART 6 : DECLARATION AND CONSENT**

Your personal information is collected under the authority of Manitoba Housing programs and will be used by Manitoba Housing and/or its designated representative(s) to determine your eligibility for the Secondary Suites 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, 600-352 Donald Street, Winnipeg, MB (204) 945-3025.

I/We hereby certify that the information given in this application is true, correct and complete; in every respect.

I/We understand that this application does not constitute an agreement on the part of The Manitoba Housing and Renewal Corporation (Manitoba Housing) to provide me/us with financial assistance through the Secondary Suites Program.

I/We understand that, once submitted, this application becomes the property of Manitoba Housing.

I/We understand that we will be required to enter into a Financial Assistance Agreement with Manitoba Housing.

I/We hereby certify that I am/we are Canadian citizen(s) or that I/we have Landed Immigrant status.

I/We hereby certify that I am/we are/will be the owner(s) of the land and buildings that are the subject of this application ("the Property"), and that no other party is/will be a registered owner or has/have a financial interest in the property except residential mortgages where the prior consent of the mortgagee will be obtained by the applicant.

I/We hereby certify that I/we currently/intend to reside on the property.

I/We hereby acknowledge that any work carried out or started prior to receiving written confirmation of the loan approved from Manitoba Housing will not be eligible for funding assistance.

I/We hereby consent Manitoba Housing monitoring the terms and conditions of the Financial Assistance Agreement over the term of the agreement (10 years).

I/We hereby consent to Manitoba Housing and/or its designated representative to carry out any necessary inquiries for the purpose of verifying ownership of the Property and the information in this application.

I/We hereby consent to an inspection, and re-inspection as necessary, of the Property by Manitoba Housing and/or its designated representative(s).

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Applicant signature

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Co-Applicant signature

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Date

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Date

**PART 7 : PROGRAM SURVEY - Optional**

**Information you provide in this section is being gathered for program evaluation purposes.**

<p>Who will be occupying the secondary suite?</p>	<p><input type="checkbox"/> Family member – parent(s)  <input type="checkbox"/> Family member – adult child(ren)  <input type="checkbox"/> Family member – other  <input type="checkbox"/> Caregiver – not related  <input type="checkbox"/> Student – not related</p>	<p><input type="checkbox"/> Employee (nanny, etc)  <input type="checkbox"/> Friend  <input type="checkbox"/> General public  <input type="checkbox"/> Don't know  <input type="checkbox"/> Other          _____</p>
<p>Will the person occupying the secondary suite be someone with special needs or a disability?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Don't know</p>	
<p>Was the information provided by Manitoba Housing adequate to understand the Secondary Suites program?</p>	<p><input type="checkbox"/> Very adequate  <input type="checkbox"/> Somewhat adequate  <input type="checkbox"/> Neutral  <input type="checkbox"/> Somewhat inadequate  <input type="checkbox"/> Very inadequate  <input type="checkbox"/> I don't know</p>	
<p>Was it difficult for you to collect the information needed to fill out the application form?</p>	<p><input type="checkbox"/> Very difficult  <input type="checkbox"/> Somewhat difficult  <input type="checkbox"/> Neutral  <input type="checkbox"/> Somewhat easy  <input type="checkbox"/> Very easy  <input type="checkbox"/> I don't know</p>	
<p>Where did you hear about the Secondary Suites Program?</p>	<p><input type="checkbox"/> Manitoba Housing website  <input type="checkbox"/> City of Winnipeg website  <input type="checkbox"/> Community agencies  <input type="checkbox"/> Families / Friends  <input type="checkbox"/> Others, please specify _____</p>	