

Canada-Manitoba Housing Benefit – Homelessness Stream

Annual Renewal Form

This application is available in alternate formats upon request.

The Canada-Manitoba Housing Benefit Homelessness Stream helps support independence, provide safe and stable housing for individuals at risk of homelessness or who are experiencing homelessness by providing a benefit that addresses affordability gaps in housing costs.

This renewal form is used to make sure that you are still eligible for the benefit, and to make sure that you are receiving the right amount. You will need to complete this form annually to ensure eligibility and the continuation of the benefit.

Where to submit your Annual Renewal Form:

If you are renting in Winnipeg, all completed forms can be submitted to End Homelessness Winnipeg

By email: <u>CMHB@endhomelessnesswinnipeg.ca</u>, or call 204-915-6940 or 204-619-8746 or by regular mail at the following address:

209A – 1075 Portage Avenue, Winnipeg, Manitoba R3G 0R8

If you are renting in Thompson, all completed forms can be submitted to CMHA Thompson

By email: <u>cmhbsupport@cmhathompson.ca</u>, or call 204-939-0948 or by regular mail at the following address:

43 Fox Bay, Thompson, Manitoba R8N 1E9

If you are renting in all other areas outside of Winnipeg (except Thompson) all completed forms can be submitted to Brandon Neighbourhood Renewal Corporation

By email: <u>rentsupplement@bnrc.ca</u> or <u>supplement@bnrc.ca</u>, or in person by appointment by calling 204-729-2490 EXT: 116, or by regular mail to the following address:

440 Rosser Avenue, Brandon, Manitoba R7A 0K3

Instructions and Next Steps:

- Complete and submit this renewal form with all required documentation attached (see Checklist of required documents below). **All information will be reviewed for accuracy and verified.**
- You will receive a letter in the mail or an email to let you know if your application is approved, denied, or if we require more information from you.
- If your information has changed since you submitted your application, you are required to <u>download and complete the Change of Information Form</u> and submit it to End Homelessness Winnipeg, CMHA Thompson or Brandon Neighbourhood Renewal Corporation.

Checklist of Required Documents:

- Completed renewal form. The application will not be assessed until all documents are provided.
- □ If this application form has been completed by a Power of Attorney or Public Trustee please include a copy of the document(s) that verifies this authority.
- Proof of all income, including amounts. This includes (if applicable) your EIA budget letter or non-EIA Rent Assist confirmation letter, employment income (copy of your three most recent pay stubs), self-employment (monthly income and expenses), Employment Insurance (EI), Old Age Security (OAS), Guaranteed Income Supplement (GIS), Canada Pension Plan (CPP), worker's compensation or personal or disability pension.
- Proof of tenancy. This could be a copy of your current tenancy agreement, a copy of your EIA rent form (if applicable) or a copy of a written rent agreement. If you do not have a written rent agreement, your landlord or the person you are renting from can <u>download and complete a written rent agreement</u> and submit it with your application.
- □ Proof of rent and / or utilities (if applicable). This can also be your current tenancy agreement as noted above.
- □ Signed Collection, Use and Disclosure of Personal Information form (pages 6 and 7).
- Direct Deposit information, if applicable (last page of application).

Canada-Manitoba Housing Benefit

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Please fill out the following sections to confirm your continued eligibility.

1. Applicant / Address Information:

First Name:	
Last Name:	
Social Insurance Number (SIN):	
Address:	
City / Town (in Manitoba):	
Postal Code:	
Email:	
Phone number:	

Please note that your SIN is needed for tax purposes. The CMHB is not taxable income, however Manitoba Housing is required to provide you with a T5007 form at tax time. <u>More information is available.</u>

Housing Support Agency Information (if applicable):

Name of Agency	
Name of Case Worker	
Case Worker's phone number and email address:	

2. Income Information

Eligibility for the CMHB requires all applicants to have a source of income and proof of income is required.

This includes (if applicable) your EIA budget letter or non-EIA Rent Assist confirmation letter, employment income (copy of your three most recent pay stubs), self-employment (monthly income and expenses), Employment Insurance (EI), Old Age Security (OAS), Guaranteed Income Supplement (GIS), Canada Pension Plan (CPP), Worker's Compensation or personal or disability pension.

Do you receive Employment and Income Assistance (EIA)?

 \Box Yes, I receive EIA.

EIA case number: _____

Your EIA case number has six digits and can be found on any communication you have received (e.g.: budget letter).

 \Box No

Do you receive non-EIA Rent Assist?

□ Yes, I receive non-EIA Rent Assist.

Non-EIA Rent Assist application number: _____

Your non-EIA Rent Assist application number has six digits and can be found on any communication you have received (e.g.: letters).

□ No

If you do not receive EIA or Non-EIA Rent Assist

Please indicate your monthly net income as well as your spouse (as applicable). Please provide proof of income as noted above.

Source of Income	Applicant Monthly Net Income	Spouse Monthly Net Income
Employment Income		
Self-Employment (Net)		
Employment Insurance (EI)		
Old Age Security (OAS)		
Guaranteed Income Supplement (GIS)		
Canada Pension Plan (CPP)		
Worker's Compensation		
Personal or Disability Pension		
Other		

3. Additional Rental Information:

The next questions help us confirm how much money you will receive. Please fill out the next sections as accurately as you can.

Are you living with someone who is also paying rent?

- □ No
- □ Yes

If yes, tell us how much you pay for your portion of the rent per month: _____

Does your rent include all your utilities (heat, electricity, water)?

- □ Yes
- □ No

If not, you are eligible to receive additional funds to assist with utility payments. **Note that direct** deposit is the preferred method of payment for the utilities additional payment. Please provide your direct deposit information on the last page of the application.

If you have circumstances that do not allow for direct deposit, please check the following box:

□ Send to me, via mail (use my address in the applicant information section)

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 Canada-Manitoba Housing Benefit 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 700-352 Donald Street, Winnipeg, MB, (204) 945-3025.

CONSENT TO DISCLOSE/SHARE INFORMATION

I understand that End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson sharing any personal information with other Manitoba government departments and agencies for the purpose of determining eligibility for the Canada-Manitoba Housing Benefit program and determining housing need.

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 employment, income, assets, liabilities, resources, benefits received under other programs or any other relevant personal information.

I understand that End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson will be unable to determine my eligibility for the Canada-Manitoba Housing Benefit program if I choose not to provide the consent described above.

I understand that the Manitoba government (or a third party contracted by the Manitoba government) may use my de-identified information for analysis and research of its programs and services. This might involve my information being combined with information from other Manitoba government departments and / or agencies. I understand that the Manitoba government may contact me for feedback regarding the Canada-Manitoba Housing Benefit program.

I understand that my information may be disclosed to the Government of Canada and its agents, including Statistics Canada and the Canada Mortgage and Housing Corporation (or a third party contracted by the Government of Canada) for analysis and research of national housing programs.

A copy or an electronically transmitted copy 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 End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson to provide me with housing. I acknowledge that, once submitted, this application becomes the property of End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson.

If this application is accepted, I acknowledge my obligation to notify the administering office immediately of any change(s) in my circumstances, including any change in residential address or income, and all such other information which may affect my benefits or eligibility.

I certify that the information given in this statement is true, correct, and complete in every respect. If something is incorrect or not true, I understand that End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson may cancel my application or take any other measures deemed appropriate.

I understand that the information provided to End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson will be reviewed and this application may be returned or additional information may be required based upon that review. I understand that late applications may affect the amount of benefits to be paid on my behalf.

Applicant's Signature

□ By checking this box, I, ______ (Full name) acknowledge that I have read and consent to the Collection, Use And Disclosure Of Personal Information above.

Date

Power of Attorney or Public Trustee Signature

By checking this box, I, ______ (Full name of Power of Attorney or Public Trustee) on behalf of _______ (applicant's full name), hereby acknowledge that the applicant has read and consents to the Collection, Use And Disclosure Of Personal Information.

Date

Request Direct Deposit

Section A – Direct Deposit Information

Please see below the different ways you can provide your direct deposit information. Choose the method that is best for you.

1- Through your online banking:

- Login to your online banking, click on the account that you wish to have your money deposited into and select the print payroll direct deposit form. Please note that these instructions may vary slightly from bank-to-bank, but should remain relatively similar regardless of Institution. If you are having trouble finding your direct deposit information online, you can call your bank directly to get help.
- Submit your direct deposit information with your completed application.

2- Void personalized cheque:

• Attach a blank cheque for your bank account and write "VOID" across it. We will use the financial information on the cheque to set up the direct deposit.

3- From your bank:

- You can also get a direct deposit form directly from your bank OR
- Have your financial institution complete the fields below. Please ensure that they stamp in the noted field.

Branch Number

Institution Number

Account Number

Financial Institution's Stamp



Section B – Client Authorization

□ By checking this box, I, _________ (Full name), hereby authorize End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson to deposit my benefit payments into the bank account in Section A. I agree to notify, in writing, End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson of any changes to my financial institution, branch or bank account number and allow them a minimum of 10 business days, after the receipt of notice, to implement a change. The direct deposit service will continue until I have notified, in writing, End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson to withdraw from direct deposit. I understand this is a voluntary / optional service and the branch has the right to convert this payment method back to a cheque payment without notice.