

Rent Supplement Program Application Form

SAMPLE



APPLICANT NAME: FIRST JOHN LAST DOE MIDDLE RICHARD
 CO-APPLICANT / SPOUSE NAME: FIRST JANE LAST DOE MIDDLE SUSAN
 ADDRESS APPLIED FOR: 88 SWINDON WAY CITY/TOWN: WINNIPEG POSTAL CODE: R3P 1V6
 NUMBER OF BEDROOMS: 1 HOUSING TYPE (APARTMENT/TOWNHOUSE): APARTMENT CIRCLE: END OR CENTRE UNIT
 HOME TELEPHONE: 204 xxx-xxxx ALTERNATE TELEPHONE: 204 xxx-xxxx E-MAIL ADDRESS: jdoe@shaw.ca

Please list ALL household members (including yourself) 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, E.I., CPP, Worker's Compensation, etc.)
				Economic	Family ¹	Refugee			
<u>JOHN DOE</u>	<u>SELF</u>	<u>06/20/65</u>	<input checked="" type="checkbox"/>				<u>\$2,500.00</u>	<u>Employment</u>	
<u>JANE DOE</u>		<u>04/06/67</u>	<input checked="" type="checkbox"/>				<u>Ø</u>		

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.

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 AND PERSONAL HEALTH INFORMATION

Your personal information and personal health 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). Your personal health information (if applicable) is protected by the Protection of Privacy provisions of *The Personal Health Information Act* (PHIA).

If you have any questions about the collection of personal information or personal health information, please contact the Access and Privacy Coordinator at 600-352 Donald Street, Winnipeg, MB, (204) 945-3025.

CONSENT TO DISCLOSE/SHARE INFORMATION

I/we consent to Manitoba Housing/the Landlord sharing any personal information or personal health 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/we authorize any person, agency or organization to release and/or exchange information for that purpose. I/we understand this consent includes requests pertaining to my/our Social Insurance Number(s), marital status, employment, income, assets, liabilities and resources, medical condition, family status, benefits received under other programs or any other relevant personal information. I/we understand this includes Manitoba Housing conducting a personal investigation, including past and present landlord reference checks, income verification and utility checks.

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

SIGNATURES

John Doe
Applicant Name (please print)

John Doe
Applicant Signature

December 10/15
Date

Jane Doe
Co-applicant Name (please print)

Jane Doe
Co-applicant Signature

December 10/15
Date

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

Witness Name _____ Witness Signature _____ Date _____
Print Name

CONSENT TO RELEASE CERTIFIED INCOME STATEMENT

I/We consent to the release, by the Canada Revenue Agency to the Manitoba Housing and Renewal Corporation (Manitoba Housing), of information from my/our income tax returns, and other taxpayer information. The information will be relevant to and used solely for verifying eligibility and calculating rent subsidy for benefits under the Rent Supplement Program 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/we am/are a tenant under the Rent Supplement Program. I/We understand that, if I/we wish to withdraw this consent, I/we may do so at any time by writing to Manitoba Housing.

APPLICANT

Applicant Name JOHN DOE
Please print

Social Insurance Number XXX XXX XXX

Applicant Signature John Doe

Date December 10/15

CO-APPLICANT

Co-Applicant Name JANE DOE
Please print

Social Insurance Number XXX XXX XXX

Co-Applicant Signature Jane Doe

Date December 10/15

OTHER ADULT HOUSEHOLD MEMBERS

Name _____
Please print

Social Insurance Number _____

Signature _____

Date _____

OTHER ADULT HOUSEHOLD MEMBERS

Name _____
Please print

Social Insurance Number _____

Signature _____

Date _____

For additional adult household members, please provide the same information as requested above on the back of this page.

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

Witness Name _____ Witness Signature _____ Date _____
Print Name

IMPORTANT: Application Checklist- Before sending in your application, be sure:

- You have completed all sections of this application;
- You have completed and attached the Rent Supplement Application Documentation Checklist and all necessary document copies;
- All household members have signed and dated the application on pages two and three.

If your application is being submitted on behalf of a household that is registered with the Public Trustee, a certified stamp must be placed below before submitting.

Name of Public Trustee _____ Phone number _____

Public Trustee Stamp