



**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>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

## Consent to Release Certified Income Information

Dear << Leaseholder and Co-Leaseholder >>:

The enclosed Consent to Release Certified Income Information Form is to be completed by the following household members:

[[Enter name(s) of the household member(s)]]

If this information is not received by [[Enter date to return completed form by: (10 business days from letter date MMMM DD, YYYY)]] we will conclude that you no longer require housing and your application will be cancelled.

If you have any questions or concerns, please contact me.

Regards,

<<Sender Name>>

<<Sender Title>>

Tel:<<Sender Tel>>

Encl.: Consent to Release Certified Income Information Form