

MONTHLY INVOICE

Attention: Rent Supplement Program
 Tel. no.: 204-945-3131
 Email: Rentsuppinfo@gov.mb.ca

No. of
 Tenants 1
 MAX 1

Project #:

Organization: _____
 Project Address: _____
 For the month of: _____ Year: 2018

Name of Tenant	Rent Supplement Terms		Current Tenancy Lease Agreement Terms		Unit	Approved	Tenant's	Supplement	In Arrears		Arrangement for Payment		Tenant Type			
	Start	End	Start	End	No.	Rental Rate	Portion	Claimed	Yes	No	Yes	No	EIA	Student	RGI	
Total Claim:						\$0.00	\$0.00	\$0.00								
Adjustments:																
Total Adjustments:						\$0.00	\$0.00	\$0.00								
Grand Total Claim:						\$0.00	\$0.00	\$0.00								

Date Processed:

Failure to report vacancy or rent arrears that are greater than one month that cannot be remedied will result in repayment of Rent Supplement funding retroactive to the date of Vacancy or arrears or suspension of Rent Supplement

Name of Signatory _____
 Position _____

Signature _____
 Date _____