
**CANADA-MANITOBA HOUSING BENEFIT
MENTAL HEALTH AND ADDICTIONS STREAM RENEWAL APPLICATION FORM**

This application is available in alternate formats upon request.

Note: If this form has been completed by an applicant's Power of Attorney or Public Trustee please include a copy of the document(s) that verifies this authority.

This renewal application form is meant to determine where your information has already been collected within the Department of Families and will need to be completed annually to ensure eligibility and the continuation of the benefit.

All applicants must sign the collection, use and disclosure of personal information form for their renewal application to be processed. If this renewal application is accepted, it is your obligation to notify the administering office immediately of any change(s) in your circumstances, including any changes in household size, rent, residential address and income, and all such other information which may affect your benefits or eligibility.

Preliminary Questions

Only complete the following questions if there have been any change(s) in your circumstances. If there are no changes, proceed to the next section.

Payment Information:

The Canada-Manitoba Housing Benefit will be sent to:

- Me, via direct deposit (please use my direct deposit information on file for EIA/non-EIA Rent Assist)
- Me, via mail (please use my address on file for EIA/non-EIA Rent Assist)
- My landlord, mailed to address indicated below
- A Public Trustee, mailed cheque to address indicated below

Information about your Landlord/Public Trustee

_____ Last Name	_____ First Name	_____ Rental Management Company (if applicable)
_____ Mailing Address	_____ City/Town	_____ Province
_____ Postal Code	_____ Email	_____ Telephone

I hereby authorize the payment of my Canada-Manitoba Housing Benefit direct to this individual/organization each month.

Applicant (print name)

Applicant's signature

Date (dd/mmm/yyyy)

EIA recipients – please complete information on next page.

Non-EIA Rent Assist recipients – please proceed to page 4 to complete additional information.

Benefits recipients 65 years or older – please proceed to page 5 to complete additional information.

Additional Information (EIA recipients only)

DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION UNLESS OTHERWISE NOTED

For applications received between January and June, net household income (Line 236) as determined by the Canada Revenue Agency (CRA) from **two years prior** to the current year will be used to calculate your benefit. If the application is received between July and December, net household income as determined by the CRA from the **previous year** will be used to calculate the benefit.

- If you or any household member(s) over the age of 18 filed a tax return in the previous year, a Proof of Income (Option C) print-out for the appropriate tax year (see above) can be obtained by calling the CRA at 1-800-959-8281. Do not send an income tax summary or Notice of Assessment.
- A copy of your current tenancy agreement (**only if changed**)

Only complete this following section if there have been any change(s) in your circumstances.

Additional Rental Information:

If you are sharing rental accommodation, please provide

Applicant's Portion of Monthly Rent: _____

Does anyone in your household (other than yourself) receive EIA? Note: if they get EIA Health Benefits only check "No".

Yes No

If "yes", please provide EIA case number: _____

Does anyone in your household (other than yourself) receive non-EIA Rent Assist? Yes No

If "yes", please provide non-EIA Rent Assist application number: _____

Please proceed to page 7 (Collection, Use and Disclosure of Personal Information) to complete your application.

Additional Information (Non-EIA Rent Assist recipients only)

Only complete this section if there have been any change(s) in your circumstances.

Rental Information

Applicant's Portion of Monthly Rent (if sharing rental accommodation): _____

Other Shelter Expenses (Utilities)

Does your rent include utilities? Yes No

If "no", provide average monthly utility cost for:

Electricity

Natural Gas

Water

Please proceed to page 7 (Collection, Use and Disclosure of Personal Information) to complete your application.

Additional Information (Benefit recipients 65 years old or older only)

DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION

For applications received between January and June, net household income (Line 236) as determined by the Canada Revenue Agency (CRA) from **two years prior** to the current year will be used to calculate your benefit. If the application is received between July and December, net household income as determined by the CRA from the **previous year** will be used to calculate the benefit.

- If you filed a tax return in the previous year, a Proof of Income (Option C) print-out for the appropriate tax year (see above) can be obtained by calling the CRA at 1-800-959-8281. Do not send an income tax summary or Notice of Assessment.

- If you did not file a tax return in the previous year or just turned 65 years old, complete the Income Declaration section of the application and provide any supporting documentation.

- A copy of your current tenancy agreement or EIA Rent Form. **(only if changed)**

Income

Income Declaration

If you or any household member(s) over the age of 18 did not file a tax return in the previous year or if you have just turned 65 years old, please complete the section below and provide all supporting documentation to verify this income.

For adult household members, list the net monthly income received below. Do not include amount received for Canada Child Benefit.

Employment Income

Examples may include Canada Pension Plan, Old Age Security, Guaranteed Income Supplement, monthly wages/salaries, self-employment income, worker's compensation, court awards or insurance settlements aimed to replace loss of wages, strike/lock-out pay.

_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount

Other Income

Examples may include monthly court awards/insurance settlements aimed to provide for living expenses, orphan benefits, child support, maintenance, alimony, educational funding.

_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount
_____	_____
Income Source	Monthly Income Amount

Only complete the following section if there have been any change(s) in your circumstances.

Does anyone in your household (other than yourself) receive EIA? Note: if they get EIA Health Benefits only check "No".

Yes No If "yes", please provide:

_____	_____
Monthly Rent Assist Amount	EIA Utilities Amount (if not included in Rent Assist amount)

Does anyone in your household (other than yourself) receive non-EIA Rent Assist?

Yes No If "yes", please provide:

Monthly Non-EIA Rent Assist Amount : _____

Rental Information (Copy of Tenancy Agreement or EIA Rent Form required)

Please provide your monthly rent: _____

If you are sharing rental accommodation, please provide

Applicant's Portion of Monthly Rent: _____

Other Shelter Expenses (Utilities)

Does your rent include utilities (e.g. heat, electricity, water/sewer)? Yes No

If "no", please provide average monthly utility cost for:

_____	_____	_____
Electricity	Natural Gas	Water

Please proceed to page 7 (Collection, Use and Disclosure of Personal Information) to complete your application.

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 consent to Manitoba Housing/the Landlord 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 and resources, benefits received under other programs or any other relevant personal information.

I understand that Manitoba Housing 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 de-identified 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 Manitoba Housing to provide me with housing. I acknowledge that, once submitted, this application becomes the property of Manitoba Housing.

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 Manitoba Housing may cancel my application or take any other measures deemed appropriate.

I understand that the information provided to Manitoba Housing 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.

Signatures

Applicant Name (please print)

Applicant Signature

Date (dd/mmm/yyyy)

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

Witness Name (please print)

Witness Signature

Date (dd/mmm/yyyy)