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**CANADA-MANITOBA HOUSING BENEFIT**  
**HOMELESSNESS STREAM APPLICATION FORM**

This application is available in alternate formats upon request.

Documents that must be included with this application:

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.

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 did not file a tax return in the previous year, complete the Income Declaration section of the application and provide any supporting documentation.

A copy of your current tenancy agreement or an Employment and Income Assistance (EIA) Rent Form.

All applicants must sign the collection, use and disclosure of personal information form (page 6 of this application)

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

Proof of receipt of non-EIA Rent Assist or EIA Rent Assist- i.e., current Budget letter

Completed applications can be submitted to End Homelessness Winnipeg:

- By email: [mford@endhomelessnesswinnipeg.ca](mailto:mford@endhomelessnesswinnipeg.ca)
- In person or by regular mail: Unit C – 216 Pacific Avenue, Winnipeg, MB, R3B 0M4

In which language do you wish to receive your correspondence?  English  French

What is your preferred method of communication?  Mail  Phone  E-mail  No Preference

### Applicant/Address Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Birthdate (DD/MMM/YYYY)

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town (in Manitoba)

\_\_\_\_\_  
Postal Code

### Citizenship Information

Indicate if you are:

A Canadian Citizen

A Permanent Resident

Date of Landing (DD/MMM/YYYY): \_\_\_\_\_

In Canada under a Study or Work Permit

Date of Landing (DD/MMM/YYYY): \_\_\_\_\_

Refugee claimant

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### Housing Support Agency Information

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Case Worker's Name

\_\_\_\_\_  
Case Worker's Phone

\_\_\_\_\_  
Case Worker's Email

**Optional:** Is there another person to whom you have given permission to contact us on your behalf to discuss important information about your application?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

**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

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**Income**

Do you receive Employment and Income Assistance or non-EIA Rent Assist?  Yes  No

If you receive Employment and Income Assistance, please provide:

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

If you receive non-EIA Rent Assist, please provide:

\_\_\_\_\_  
Monthly Non-EIA Rent Assist Amount

**Income Declaration**

If you or any household member(s) over the age of 18 did not file a tax return in the previous year, 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 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

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

## Payment Information

The Canada-Manitoba Housing Benefit will be sent to:

- Me, via direct deposit (please provide original signed copy of attached Direct Deposit form on page 7)
- Me, via mail
- My landlord, mailed to address indicated below
- A Public Trustee, mailed 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 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)

## **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 is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to End Homelessness Winnipeg 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 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 to provide me with housing. I acknowledge that, once submitted, this application becomes the property of End Homelessness Winnipeg.

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

I understand that the information provided to End Homelessness Winnipeg 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)

## **REQUEST DIRECT DEPOSIT**

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### **SECTION A – TO START, CHANGE OR WITHDRAW FROM DIRECT DEPOSIT**

Check one box:

- Start Direct Deposit
- Change Information on Direct Deposit
- Withdraw From Direct Deposit

### **SECTION B – DIRECT DEPOSIT INFORMATION**

To sign up for or change direct deposit information, choose one of the following methods.

Note – End Homelessness Winnipeg provides this service free of charge. However, you should contact your financial institution and inquire about any fees they may charge.

- Attach a personalized cheque from your bank account to this form. Write “VOID” across the front of the blank cheque. We will use the financial information on the cheque to set up direct deposit.  
OR
- If you don't have a cheque, have your financial institution complete the fields below.

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Institution Number

\_\_\_\_\_  
Account Number

Financial Institution's Stamp

### **SECTION C – CLIENT AUTHORIZATION**

I hereby authorize End Homelessness Winnipeg to deposit my benefit payments into the bank account in Section B. I agree to notify, in writing, End Homelessness Winnipeg of any changes to my financial institution, branch or bank account number and allow the branch 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 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.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
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)