

Canada-Manitoba Housing Benefit (CMHB)

Homelessness Stream

Application Form

This application is available in alternate formats upon request.

The Canada-Manitoba Housing Benefit Homelessness Stream helps support independence, provide safe and stable housing for individuals at risk of homelessness or who are experiencing homelessness by providing a benefit that addresses affordability gaps in housing costs.

You can only receive the CMHB through one benefit stream at a time. If you are found to be accessing more than one stream, your benefits will be suspended immediately, and you will be required to re-apply to one stream only.

The CMHB is not taxable income, however Manitoba Housing is required to provide you with a T5007 form at tax time. For more information please visit:

<https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/t5007.html>

INSTRUCTIONS AND NEXT STEPS:

Complete and submit this application with all required documentation attached. **All information will be reviewed for accuracy and verified.**

All completed forms must be submitted to Manitoba Families Provincial Services;

By e-mail: CMHBSI@gov.mb.ca

By mail or in person: 100 – 114 Garry Street, Winnipeg, MB R3C 4V4

You will receive a letter in the mail to let you know if your application is approved, denied, or if we need more information.

If your information has changed since you submitted your application, you are required to complete a “Change of Information Form” available on the on the Canada-Manitoba Housing Benefit – Homelessness Stream website, found at the following link: [Canada-Manitoba Housing Benefit - Homelessness Stream Website](#)

Checklist of Required Documents:

<input type="checkbox"/>	Completed application form.
<input type="checkbox"/>	Power of Attorney (POA) or Public Trustee verification <i>(if completed by a POA or Trustee)</i>
<input type="checkbox"/>	<p>Proof of Status in Canada. If you are not a Canadian Citizen, please include a copy of your applicable documentation:</p> <ul style="list-style-type: none"> ▪ Permanent Resident Card, ▪ IMM-1000 Immigration Record of Landing, ▪ IMM5292 Confirmation of Permanent Residence, or ▪ IMM5688 Confirmation of Permanent Residence, ▪ IMM1442 Refugee Claimant or Refugee Protection Claimant Documents (RPCD), or ▪ Canada-Ukraine Authorization for Emergency Travel (CUAET) confirmation documents.
<input type="checkbox"/>	<p>Proof of all income (showing amounts) This includes (if applicable)</p> <ul style="list-style-type: none"> ▪ EIA budget letter or Non-EIA Rent Assist confirmation, ▪ employment income (copy of your three most recent pay stubs), ▪ self-employment (monthly income and expenses), ▪ Employment Insurance (EI), ▪ Old Age Security (OAS), ▪ Guaranteed Income Supplement (GIS), ▪ Canada Pension Plan (CPP), ▪ Worker's Compensation or personal or disability pension.
<input type="checkbox"/>	<p>Proof of tenancy and utility confirmation (if applicable) This includes</p> <ul style="list-style-type: none"> ▪ a copy of your current tenancy agreement, ▪ a copy of your EIA rent form (if applicable) or ▪ a copy of a written rent agreement. <p>If you do not have a written rent agreement, your landlord or the person you are renting from can locate and fill one out on the following website: Residential Tenancies Branch - Commonly Used Landlord Forms. Your tenancy agreement must show your rent as well as which utilities are or not included in rent.</p>
<input type="checkbox"/>	Signed Collection, Use and Disclosure of Personal Information form (pages 6-7).
<input type="checkbox"/>	Direct Deposit information (page 8).

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Applicant Information – Please print clearly

First Name:											
Last Name:											
Date of Birth:											
	Social Insurance Number:										
E-mail:											
Phone Number:								Alt. Phone:			
Address:											Manitoba
City/Town:							Postal Code:				

Alternate Contact (Optional)

If you cannot use your residence address to receive correspondences, is there another person to whom you have given permission to receive future correspondence regarding this benefit (e.g., family, friend, referring agency, etc.)?

Contact name:											
Address:											Manitoba
City/Town:							Postal Code:				

Housing Support Agency (Optional)

Agency name:											
Case Worker's Name:											
Phone Number:								E-mail:			

Indicate the Applicant's Citizenship: (select one)

A Canadian Citizen	A Permanent Resident	A Study or Work Permit	Refugee Claimant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Landing: DD/MM/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Landing: DD/MM/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY

Client Service #:	Application #:	Date Received:
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Income Information

Do you receive Employment and Income Assistance (EIA)? Yes No
 Case # _____

Do you receive non-EIA Rent Assist? Yes No

If you do not receive EIA or Non-EIA Rent Assist, please indicate your monthly net income and source for both yourself and your spouse.

Source of Income	Monthly Net Income	
	Applicant	Spouse
Employment Income		
Self-Employment (Net)		
Employment Insurance (EI)		
Old Age Security (OAS)		
Guaranteed Income Supplement (GIS)		
Canada Pension Plan (CPP)		
Worker's Compensation		
Personal or Disability Pension		
Other		

Rental Information (if applicable)

Total monthly rent amount: \$ _____

Are you living with someone who is also paying rent? Yes No

If yes, how much is your portion of the rent per month: \$ _____

Does your rent include **all** your utilities (heat, electricity, water)? Yes No

If no, you are eligible to receive \$72 per month to assist with utility payments. **Please note that the additional funds can only be paid directly to you or the Public Trustee.**

Payment Information

How would you prefer to receive the benefit payment? ***Direct deposit is the preferred method of payment***

- Send to me by Direct deposit
- Send to me by cheque to my residence address
- Send to me by cheque to my alternate contacts mailing address
- Send by cheque to my landlord or Public Trustee:

Landlord / Public Trustee Contact: _____

Rental Agency: _____

E-mail: _____

Phone: _____

Mailing address: _____

City/Town: _____

Postal Code: _____

By checking this box, I, _____ (full name) hereby authorize the payment of my Canada-Manitoba Housing Benefit direct to this individual/organization each month.

Date: _____

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 Provincial Services is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to Provincial Services 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 Provincial Services 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 consent to have Provincial Services connect me to wrap-around services by giving my contact information to any Manitoba government programs, any federal government programs, or any partner organizations. I understand that the purpose of these referrals is to provide information about programs that I may be interested in, such as education, training, and mentoring. I am not required to participate in any programs offered. I understand that my benefit will not be affected if I decline any programs offered.

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 Provincial Services to provide me with housing. I acknowledge that, once submitted, this application becomes the property of Provincial Services.

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

I understand that the information provided to Provincial Services 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.

Applicant Signature

By checking this box, I, _____ (full name) acknowledge that I have read and consent to the Collection, Use and Disclosure of Personal Information above.

Date:

Power of Attorney or Public Trustee Signature

By checking this box, I, _____ (full name of Power of Attorney or Public Trustee) on behalf of _____ (applicant's full name), hereby acknowledge that the applicant has read and consents to the Collection, Use And Disclosure Of Personal Information.

Date:

CMHB DIRECT DEPOSIT REQUEST

Client Service #:

SECTION A – INFORMATION ABOUT YOU

First Name:

Last Name:

Mailing Address:

Manitoba

City/Town:

Postal Code:

SECTION B – Direct Deposit Information

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

1. Through your online banking:

- Login to your online banking, click on the account that you wish to have your money deposited into and select the print payroll direct deposit form. Please note that these instructions may vary slightly from bank-to-bank but should remain relatively similar regardless of Institution. If you are having trouble finding your direct deposit information online, you can call your bank directly to get help.
- Submit your direct deposit information with your completed application.

2. Void personalized cheque:

- Attach a blank cheque for your bank account and write "VOID" across it. We will use the financial information on the cheque to set up the direct deposit.

3. From your bank:

- You can get a direct deposit form directly from your bank OR have your financial institution complete the fields below. **Please make sure they stamp in the noted field.**

Branch Number

Institution Number

Financial Institution Stamp

Account Number

SECTION C – CLIENT AUTHORIZATION

By checking this box, I, _____ (full name), hereby authorize Provincial Services to deposit my benefit payments into the bank account in Section B. I agree to notify, in writing, Provincial Services of any changes to my financial institution, branch or bank account number and allow Provincial Services 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, Provincial Services to withdraw from direct deposit. I understand this is a voluntary/optional service and Provincial Services has the right to convert this payment method back to a cheque payment without notice.

Date: