

Canada-Manitoba Housing Benefit – Homelessness Stream Application

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.

If you are renting in Winnipeg, Thompson, or other areas of Manitoba, all completed forms can be submitted to:

End Homelessness Winnipeg (Winnipeg) by emailing CMHB@endhomelessnesswinnipeg.ca , by calling 204-915-6940, or by regular mail to the following address: 2-1065 Portage Ave, Winnipeg, MB, R3G 0R8

CMHA Thompson (Thompson): by emailing cmhbsupport@cmhathompson.ca or by regular mail to the following address: 43 Fox Bay, Thompson, MB, R8N 1E9

Brandon Neighbourhood Renewal Corporation (all other areas of Manitoba): by emailing rentsupplement@bnrc.ca or supplement@bnrc.ca, in person by appointment by calling 204-729-2490 extension 116, or by regular mail to the following address: 440 Rosser Avenue, Brandon, MB, R7A 0K3

You can only receive the CMHB through one of the benefit streams. If you are found to be accessing the CMHB through different streams, your benefits will be suspended immediately and you will be required to re-apply to one stream only.

INSTRUCTIONS AND NEXT STEPS:

- Complete and submit this application with all required documentation attached (see Checklist of required documents below). **All information will be reviewed for accuracy and verified.**
- You will receive a letter in the mail or an email to let you know if your application is approved, denied, or if we require more information from you.
- If your information has changed since you submitted your application, you are required to complete the “Change of Information Form” available 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:

- Completed application form. The application will not be assessed until all documents are provided.
- If this application form has been completed by a Power of Attorney or Public Trustee please include a copy of the document(s) that verifies this authority.
- Proof of Status in Canada. If you are not a Canadian Citizen, please include a copy of your Proof of Status in Canada. This can be a copy of your 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.
- Proof of all income, including amounts. This includes your EIA budget letter or non-EIA Rent Assist confirmation (if applicable), employment income (copy of your two most recent pay stubs, if applicable), Old Age Security, Resettlement Assistance, any financial assistance, worker’s compensation, etc.
- Proof of tenancy. This could be a copy of your current tenancy agreement, a copy of your EIA rent form (if applicable) or a copy of a written rent agreement. 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](#). If you are looking for a place to rent, please contact End Homelessness Winnipeg, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation to confirm your eligibility for the CMHB.
- Signed Collection, Use and Disclosure of Personal Information form (page 7 and 8) and the Client Consent for Information Collection - HIFIS Database form (page 9).
- Direct Deposit information. If you choose the benefit to be paid directly to your account, fill and attach the Direct Deposit form (last page) with your application

Complete the following information.

1. Applicant/Address Information:

First name: _____

Last name: _____

Social Insurance Number (SIN): _____

*Please note that your SIN is needed for tax purposes. **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>*

Birthdate: _____

Email: _____

Phone number: _____

Address: _____

City/Town (in Manitoba): _____

Postal Code: _____

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: _____

Phone number: _____

2. Citizenship Information

Indicate if you are:

A Canadian Citizen

A Permanent Resident

Date of Landing (DD/MM/YYYY): _____

In Canada under a Study or Work Permit

Date of Landing (DD/MM/YYYY): _____

Refugee claimant

3. Income Information

Eligibility for the CMHB requires all applicants to have a source of income. This includes your EIA budget letter or non-EIA Rent Assist confirmation (if applicable), employment income, Old Age Security, Resettlement Assistance, any financial assistance, worker's compensation, etc.

a. Do you receive Employment and Income Assistance (EIA)?

Yes, I receive EIA.

EIA case number: _____

Your EIA case number has 6 digits and can be found on any communication you have received (e.g.: budget letter).

No

b. Do you receive non-EIA Rent Assist?

Yes, I receive non-EIA Rent Assist.

Non-EIA Rent Assist application number: _____

Your non-EIA Rent Assist application number has 6 digits and can be found on any communication you have received (e.g.: letters).

No

Indicate your monthly net income:

Income Source(s): _____

Monthly **net** income: _____

4. Optional: Housing Support Agency Information

Agency Name: _____

Case Worker's Name: _____

Case Worker's Phone: _____

Case Worker's Email: _____

5. Payment Information:

How would you prefer to receive the benefit payment? **Please note that direct deposit is the preferred method of payment:**

- Send to me, via direct deposit (note that you will need to provide your direct deposit information- see last page)
- Send to my landlord or to the Public Trustee, mailed to the address indicated below

If you have circumstances that do not allow for direct deposit and would prefer the benefit be mailed to you, please check the following box:

- Please send to me, via mail (use my address in the previous section)

Only fill out the following section if you would like the benefit paid directly to your landlord or Public Trustee:

Landlord or Trustee Full Name: _____

Rental Management Company (if applicable): _____

Mailing Address: _____

City/Town (in Manitoba): _____

Postal Code: _____

Email: _____

Phone number: _____

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)

6. Additional Rental Information:

The next questions help us confirm how much money you will receive. Please fill out the next sections as accurately as you can.

a. Are you living with someone who is also paying rent?

- No
- Yes

If yes, tell us how much you pay for your portion of the rent per month: _____

b. Does your rent include **all** your utilities (heat, electricity, water)?

- Yes
- No

If not, you are eligible to receive additional funds to assist with utility payments.

Note that direct deposit is the preferred method of payment for the utilities additional payment. Please provide your direct deposit information on the last page of the application.

If you have circumstances that do not allow for direct deposit, please check the following box:

- Send to me, via mail (use my address in the applicant information section)

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, CMHA Thompson, and Brandon Neighbourhood Renewal Corporation is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to End Homelessness Winnipeg, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation 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, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation 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, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation to provide me with housing. I acknowledge that, once submitted, this application becomes the property of End Homelessness Winnipeg, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation.

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, CMHA Thompson or Brandon Neighbourhood Renewal Corporation may cancel my application or take any other measures deemed appropriate.

I understand that the information provided to End Homelessness Winnipeg, CMHA Thompson or Brandon Neighbourhood Renewal Corporation 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

Client Consent for Information Collection – HIFIS Database

Client Name (print clearly): _____

Client Date of Birth: _____

I understand that End Homelessness Winnipeg, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation are part of the Homelessness Information Partnership Brandon (HIPB). This means data is entered into a computer system, which shares some information about clients and the services they are using in order to help provide better services to people who are experiencing homelessness. I also understand that this information is protected and only those people working at partner agencies that have a need to access personal information are permitted access to it. I am aware that I can receive a list of these agencies and a list of what data shared upon request.

I understand that I have a right to see a copy of my client record, and ask for changes, upon request.

I have been informed and understand that some non-identifiable information may be shared with agencies outside of the Homelessness Information Partnership for reporting or research purposes.

I also understand that the information collected and shared, or my lack of consent to provide or sharing some of this information, may not be used to deny outreach, shelter, housing or other assistance.

I consent to _____ sharing any personal information, including personal health information, with other partner agencies for the purpose of providing services to me, evaluating programs, and research and planning for the homelessness system.

Client Signature: _____

Date: _____

Staff name (print clearly): _____

Staff signature: _____

Request Direct Deposit

Section A – Direct Deposit Information

Please see below the different ways you can provide your direct deposit information. Choose the method that is best for you.

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 also get a direct deposit form directly from your bank.

OR

- Have your financial institution complete the fields below. **Please ensure that they stamp in the noted field.**

Branch Number

Institution Number

Account Number

Financial Institution's Stamp

Section B – Client Authorization

By checking this box, I, _____ (Full name), hereby authorize End Homelessness Winnipeg, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation to deposit my benefit payments into the bank account in Section A. I agree to notify, in writing, End Homelessness Winnipeg, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation of any changes to my financial institution, branch or bank account number and allow them 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, CMHA Thompson, or Brandon Neighbourhood Renewal Corporation 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.

Date