

Application for Rent Assist

(for persons not receiving Employment and Income Assistance)

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You may apply for Rent Assist if:

- you live in private rent accommodations
- you live in private board and room accommodations

You are not eligible to apply if:

- you live in Manitoba Housing accommodations, or your monthly rent is based upon your income
- you receive Employment and Income Assistance (Rent Assist is automatically given to eligible EIA recipients)
- you live in a community residence, personal care home, hospital or institution
- you live in student-based housing, such as residences
- you own your own home
- you do not have rent or board and room costs

This information is available in alternate formats upon request.

Ces renseignements sont offerts dans de multiples formats sur demande.

Manitoba Jobs and the Economy
Community Services Delivery
Provincial Services
102 - 114 Garry Street, Winnipeg, MB R3C 1G1
Telephone 204-945-2197 Fax 204-945-3930
Toll free 1-877-587-6224 TTY 204-948-3698
Email: provservice@gov.mb.ca

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PLEASE PRINT CLEARLY

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

Applicant/Address Information

Current Information	Applicant	Applicant's Spouse or Common-Law Partner
Surname		
Given name		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	(DD/MM/YYYY):	(DD/MM/YYYY):
Social Insurance Number		

Address (include apt/street number)	City/Town	Province	Postal Code
Mailing Address (if different than above)			
Telephone: _____ - _____ - _____	Cell: _____ - _____ - _____	Email:	

Dependent Children

Surname	Given name	Sex	Birth date (DD/MM/YYYY)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Do you share custody of any of the above children with a former spouse or common-law partner?

Yes No

Other persons over the age of 18 residing in your household

Surname	Given name	Sex	Birth date (DD/MM/YYYY)	Social Insurance Number
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

Note: If more space is needed, please list any other dependent children or persons over the age of 18 (including birth date and Social Insurance Number) who live in your household on a separate sheet and attach to the application.

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Other Information:

Please answer any questions that apply to you or to your household situation.

Single applicant

Couple without children

Family with dependent children

Person with a Disability

Senior (over age 55)

<p>Do you receive or have you applied for Manitoba Employment and Income Assistance for yourself, your spouse or common-law partner, or for your dependent children? Note: <i>If "yes" get EIA Health Benefits only check "no."</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Do you receive or have you applied for monthly financial assistance from the Government of Canada or a First Nation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Do you or your spouse or common-law partner live on a First Nation Reserve? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Do you or any other adult in your household have an outstanding warrant? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>• <i>If "yes", you may need to produce confirmation that you have dealt with your warrant with the courts in order to continue with this application.</i></p>	
<p>Are you, or is any other adult in your household a Landed Immigrant or living in Manitoba under a Student Study Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes" date of landing: _____ or Study Permit expiry date: _____</p>	<p>Landed Immigrant/Student Name(s)</p> <p>_____</p> <p>Last Name</p> <p>_____</p> <p>Given Name(s)</p>
<p>Is there another person who has your permission to contact us on your behalf to discuss important information about your application?</p> <p>Name: _____ Address: _____ Telephone: _____ - _____ - _____</p>	

Rent Information

Total monthly rent: \$ _____	Number of bedrooms: _____
Is parking included in your rent? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "yes" how much per month? \$ _____
Tenancy period start date: _____	Tenancy period end date: _____
Is this rent for private room & board? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your heating cost included in your rent? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Landlord name: _____	Landlord address: _____
	Landlord telephone number: _____ - _____ - _____

Income Information

Monthly income details	Applicant	Spouse/Co-applicant	Other household members
Employment Income			
Old Age Security (OAS)/ Guaranteed Income Supplement Pensions (GIS)			
Canada Pension Plan (CPP)			
War Veterans Pension			
Private pensions / superannuation			
Annuity payments (including RRSP)			
Quarterly Manitoba Income Supplement (55 Plus)			
Workers Compensation			
Employment Insurance benefits			
Resettlement Assistance Program (RAP)			
Spouse allowance			
Widow's spouse allowance			
Alimony / maintenance / child support income			
Education income <i>(ex: training allowances, Band funding, student loans/bursaries, scholarships, etc.)</i>			
Other ongoing income			
Annual income details			
Lump sum pensions			
Self-employment			
Interest from bank, bonds or mortgages			
Dividends			
Capital gains			
Rental income			
Other (specify)			

Do you expect any significant changes to your income in the next year? YES NO

If "yes," explain the reason for the change and when your income amounts will change.

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DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION

Note: *If there are other people in your household over the age of 18, you must include any of the documents listed below that apply to their income situations.*

- The original signed Direct Deposit form (see attached).
- A copy of your current lease or rental agreement.
- If you have dependent children, include a copy of your current Canada Child Tax Benefit notice. If you do not have a copy, this form may be obtained by calling Canada Revenue Agency at 1-800-387-1193.
- For families with dependent children and for applicants under the age of 55 years**, include an "Option C" print-out of your last year's income tax return. To get this form please call the Canada Revenue Agency (CRA) at 1-800-959-8281. **Do not send an income tax Summary or Notice of Assessment.**
- If you work, include a copy of your last three (3) pay stubs or a letter from your employer verifying your current income.
- If you have other income, include a copy of all sources of income such as Employment Insurance, Worker's Compensation, pension, child support, spousal support, etc.
- If you are a student, include copies of award letters for all study-related income. This includes bursaries, grants and scholarships, student loans, or an income statement if you receive a training allowance.
- If you are not a Canadian Citizen, include copies of your permanent resident card, IMM 5292 or IMM 1442 form for all people in your household over the age of 18.

***** MAKE SURE YOU HAVE SIGNED THE APPLICATION FORM *****

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

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RENT ASSIST CONSENT FORM

I/we hereby apply for Rent Assist under *The Manitoba Assistance Act (Manitoba)*. I/we certify that the information contained in this application for Rent Assist under *The Manitoba Assistance Act (Manitoba)* is true to the best of my/our knowledge and belief. I/we have not concealed or omitted information needed to establish eligibility for Rent Assist under *The Manitoba Assistance Act (Manitoba)*.

I/we hereby declare that the information contained herein is true and accurate in all respects knowing that it is of the same force and effect as if made under oath pursuant to *The Manitoba Evidence Act*.

I/we understand that if I/we fail to meet with any or all conditions as set out in this application, provide false or misleading information, I/we can be disqualified from receiving any Rent Assist and shall, upon request by the Government of Manitoba, be required to repay in whole or in part any benefit amounts paid on my/our behalf related to this or any previous Rent Assist application.

If this application is accepted, I/we acknowledge my/our legal obligation to notify the administering office immediately of any change(s) in my/our circumstances, including any change in residential address, marital status, employment, financial situation, medical or family conditions, and all such other information which may affect my/our benefits or eligibility under *The Manitoba Assistance Act (Manitoba)*.

I/we hereby authorize any person, agency or organization, including federal, provincial or municipal government authority (such as Human Resources and Social Development Canada, Citizenship and Immigration, Manitoba Public Insurance Corporation or the Worker’s Compensation Board), any bank, credit union or financial institution, to release to the Minister responsible for *The Manitoba Assistance Act (Manitoba)*, or the Minister’s representative(s), information required for the purpose of determining or verifying eligibility for Rent Assist under *The Manitoba Assistance Act (Manitoba)*. Without restricting the generality of the foregoing, I/we understand this authorization may include requests for information pertaining to my/our marital status, employment, income, assets and resources or family status, and benefits received under other programs or any other relevant personal information.

I/we understand that the information provided to Rent Assist will be reviewed and this application may be returned or additional information may be required based upon that review. I/We understand that late applications may affect the amount of benefits to be paid on my/our behalf.

Applicant

Applicant’s name (please print)

Applicant’s signature

Date

Spouse/Co-applicant

Spouse’s/Co-applicant’s name (please print)

Spouse’s/Co-applicant’s signature

Date

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Note: Complete the following section if you are a senior (over age 55) or a person with a disability.

MANITOBA-CANADA REVENUE AGENCY CONSENT FORM

I and my spouse, if applicable, hereby consent to the release, by the Canada Customs and Revenue Agency to Manitoba Family Services, of information from my/our income tax returns, and other taxpayer information. The information will be relevant to and used solely for, the purpose of determining and verifying eligibility for the Rent Assist Program under *The Manitoba Assistance Act (Manitoba)* and will not be disclosed to any other person without my approval.

This authorization is valid for the most recently available of the two taxation years prior to the year of signature on this consent. It is also valid for the year of signature and each consecutive taxation year following the year of signature on this consent, for which I/we request assistance.

I/we understand that, if I/we wish to withdraw this consent, I/we may do so at any time by writing to Manitoba Family Services.

Applicant

Applicant's name (please print)

Social Insurance Number

Applicant's signature

Date

Spouse/Co-applicant (if applicable)

Spouse's/Co-applicant's name (please print)

Social Insurance Number

Spouse's/Co-applicant's signature

Date

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