

SHRP - Additional Household Member Application Form



Eligibility Requirements

To be eligible for the Social Housing Rental Program (SHRP) applicant(s) must:

1. Be either a Canadian Citizen, a permanent resident of Canada, a refugee claimant or have legal status to live and/or work in Canada.
2. Have a total adjusted household income at or below the Social Housing Rental Program Income Limits established by Manitoba Housing. (www.manitoba.ca/housing/progs/pil.html)
3. Be able to live independently, with or without supports.

Completing the Application

The information provided on this application will be used to determine housing need and confirm eligibility.

1. Please **print** all information in ink.
2. Complete **all** sections of the application and ensure the information you provided is correct. Incomplete applications cannot be processed.
3. Before signing the form, please read and understand the Consent and Declaration sections.
4. Notify Manitoba Housing immediately of any changes. This includes:
 - a. Changes in housing needs (i.e. household size, requested location, income)
 - b. Changes in contact information.

If Manitoba Housing is unable to contact an applicant at the telephone number and/or address provided on the application, the application may be cancelled.

SUBMIT THIS FORM

Drop-Off/Mail to:
Manitoba Housing
352 Donald Street
Winnipeg, Manitoba
R3B 2H8



FOR ASSISTANCE CALL:

204 - 945 - 4663
1 - 800 - 661 - 4663 (Toll Free)



Hours of Operation:
Monday – Friday, 8:30 a.m. - 4:30 p.m.

Or
Submit this form to any Manitoba Housing office.
Details at:
manitoba.ca/housing/housingoffice.html

OFFICE USE ONLY	Date Received:	Received by:	Client ID:
------------------------	----------------	--------------	------------

Need help or want this document in another format?

Go to manitoba.ca/housing or contact your local Manitoba Housing office.


2. HOUSEHOLD INFORMATION

The information you provide in this section will help us to determine the number of bedrooms required to support the size and needs of your household.

The number of bedrooms a household is eligible for is based on the number of people living in the home, their age, gender and relationship.

List all additional persons that are expected to live in the home in the chart below.

Last Name	First Name	Middle Name	Date of Birth (e.g., June 1, 1965)	Gender M/F	Relation to Main Applicant	Citizenship				
						Canadian Citizen	Skilled/Trades Worker	Sponsored By Family	Refugee	Refugee Claimant
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Supporting documentation will be required to verify this section of your application at a later date. You are not required to submit documents with this application.

3. INCOME

In this section we ask about household income, assets and expenses to determine program eligibility.

Include the monthly amount of income received in the chart below, before taxes, from all sources for all adult household members. (Income for dependents ages 22-25 years in full-time study is not required).

Do not include amount received for Canada Child Benefit.

Name	Employment Income	Employment and Income Assistance (EIA)	Other Income
	\$	\$	\$

Employment Income may include:

Wages/salaries, self-employment income, worker's compensation, court awards or insurance settlements aimed to replace loss of wages, strike/lock-out pay.

Employment and Income Assistance (EIA) Amount

Other income may include:

Federal/Provincial Government Income (e.g. CPP, OAS, GIS, 55+ Income Supplement, employment insurance, refugee or newcomers assistance; shelter portion only for training allowance, band funding, or foster care payment)

Private Pensions and Investment Income (e.g. retirement pension, disability insurance, GICs, withdrawals from investments, investment interest)

Miscellaneous

(e.g. court awards/insurance settlements aimed to provide for living expenses; child support, maintenance, alimony, educational funding)



Supporting documentation will be required to verify this section of your application at a later date. You are not required to submit documents with this application.

4. CONSENT AND DECLARATION

Collection, Use and Disclosure of Personal Information and Personal Health Information

Your personal information and personal health information is collected under the authority of Manitoba Housing programs and used to determine your eligibility for rental housing and any tenancy which may eventually result from this application. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA) and, if applicable, The Personal Health Information Act (PHIA).

If you have any questions about the collection of personal information, please contact Manitoba Housing's Access and Privacy Coordinator at 600 – 352 Donald Street, Winnipeg or 204-945-4663.

In this form, words in the singular include the plural and words in the plural include the singular.

Consent to Disclosure and Share Information

I consent to Manitoba Housing sharing any personal information and personal health information relating to me or my dependents with other government departments, external agencies or other providers of housing or services to confirm on-going eligibility for rental housing, determine my housing needs and rental charge. I understand that this information is kept on file in accordance with Manitoba legislation.

I authorize any person, agency or organization to release or exchange information for that purpose. I understand this consent includes requests pertaining to my marital status, employment, income, assets and liabilities, medical condition, family status, benefits received under other programs or any other relevant personal information. I understand this includes Manitoba Housing conducting a personal investigation including past and present landlord reference checks, income verification and utility checks.

A copy or facsimile of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure 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.

I certify that the information given in this document is true, correct, and complete in every respect. It fully discloses my income from all sources. If something is incorrect or not true, I understand that Manitoba Housing may cancel my application or take any other measures deemed to be appropriate.

I understand that Manitoba Housing may request supporting documentation to verify eligibility for the Social Housing Rental Program.

I have read and accept all terms and conditions of the Consent and Declaration section.

Applicant name (Print)

Applicant signature

Date

For those applicants signing with an “X”, a witness must sign below:

Witness name (Print)

Witness signature

Date

All applicants must now proceed to the next page to consent to release income information.

PUBLIC TRUSTEE

If this application is being submitted on behalf of a person who is registered with the Public Trustee, the Trustee must complete the information below and stamp before submitting.

Name: _____

Phone: _____

Public Trustee Stamp

All applicants must now proceed to the next page to consent to release income information.

Consent to Release Income Information

I consent to the release, by the Canada Revenue Agency to the Manitoba Housing and Renewal Corporation (Manitoba Housing), of information from my income tax returns. The information will be relevant to and used solely for government-subsidized rental housing under The Housing and Renewal Corporation Act of Manitoba.

This authorization is valid for the previous two tax years, the current year and each year thereafter if I am a tenant with Manitoba Housing. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to Manitoba Housing.

Applicant name (Print)

Applicant signature

Date

For those applicants signing with an “X”, a witness must sign below:

Witness name (Print)

Witness signature

Date

PUBLIC TRUSTEE

If this application is being submitted on behalf of a person who is registered with the Public Trustee, the Trustee must complete the information below and stamp before submitting.

Name: _____

Phone: _____

Public Trustee Stamp

TENANT / MAIN APPLICANT

I request and authorize the above applicant(s) to become a member of my household. I understand that the applicant(s) must meet program eligibility criteria prior to being approved by Manitoba Housing.

Tenant / Main applicant name (Print)

Tenant / Main applicant signature

Date

5. SELF DECLARATION (Optional)

Manitoba Housing collects this information to assist with planning for housing needs and to reflect the diversity of the population we serve. This information is not used to determine your eligibility for the Social Housing Rental Program.

Applicant:

a. Are you a newcomer to Canada within the last 10 years? Yes No

If yes, what month and year did you arrive? _____/_____
Month Year

b. Do you consider yourself to be a visible minority? Yes No

c. Do you consider yourself to be of Indigenous Ancestry? Yes No

If yes, which group do you identify with:

First Nations

Inuit

Metis