



Division/Branch
Address
Town/City MB Postal Code
manitoba.ca/housing

Name
Title
E-mail address
Tel: (204) 945-xxxx
Toll Free: 1-800- if avail
Fax: (204) 945-xxxx

<<Date>>

<<Leaseholder name>>

<<Co-leaseholder name>>

<<Address>>

<<City/town, MB postal code>>

Tenancy Reference: <<Tcy_RefNo.>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

Live-In Caregiver Approved

Dear << Leaseholder and Co-leaseholder >>:

Your request to have a live-in caregiver has been approved.

Based on the documentation provided the need for a live-in caregiver will be required **[[Enter duration for a live-in caregiver will be required: a period of # months or indefinitely]]**. Should the length of time you require a caregiver change, please inform us immediately.

Please note that you are responsible for your caregiver's actions while on Manitoba Housing property.

If you have any questions or concerns, please contact me.

Regards,

<<Sender Name>>

<<Sender Title>>

Tel:<<Sender Tel>>