



Family Services and Housing (FSH)  
The Manitoba Housing Authority, Intake  
Main Floor, 185 Smith Street  
Winnipeg, MB R3C 3G4  
Telephone: 945-7319  
Toll-free: 1-866-626-4862  
Fax: (204) 948-2013

## HOUSING RENTAL ACCOMMODATIONS Preliminary Application

<b>APPLICATION INTAKE USE ONLY – Please Print</b>	
Date Office Received Application: _____	Current Application No. _____
Application Received By: _____	Current MHA Status _____
MHA Previous Status: _____	Points Assessment: _____
Previous Application: _____	Assessed by: _____

*Note: The Preliminary Application determines your eligibility for the type of accommodation which you require with The Manitoba Housing Authority (MHA). If eligible, you will receive confirmation by mail and you will be requested to provide supplemental information and verification of documentation. If you are not eligible you will receive notification by mail.  
**If any information on this application form changes, please notify our office immediately.***

Do you prefer services in:    English       French       Other    please specify \_\_\_\_\_

### Where do you prefer to live?

Please indicate which area(s) or region(s) you prefer to live in ranking your choices from most to least preferred. (See lists below) e.g. 1 = 1st preferred location, 2 = 2<sup>nd</sup> preferred location, continuing to list all acceptable locations. **If there are any areas where you are not willing to live, please indicate by placing “n/a” in the space provided.**

#### WINNIPEG AREAS:

- |                    |                         |                 |                    |
|--------------------|-------------------------|-----------------|--------------------|
| ___ Downtown South | ___ West Kildonan       | ___ Maples      | ___ St. Boniface   |
| ___ Elmwood        | ___ North Point Douglas | ___ Fort Garry  | ___ East Kildonan  |
| ___ Tuxedo         | ___ Central Park        | ___ Charleswood | ___ North Kildonan |
| ___ Brooklands     | ___ Transcona           | ___ North End   |                    |
| ___ Gilbert Park   | ___ Fort Rouge          | ___ St. James   |                    |
| ___ Lord Selkirk   | ___ Weston              | ___ St. Vital   |                    |

#### RURAL REGIONS:

- |   |   |  |
|---|---|--|
| ___ Churchill (Churchill)                           | ___ Southwest (Brandon, Souris, Virden, others)                         | ___ Parkland West (Roblin, Swan River, others)               |
| ___ Northern (The Pas, Flin Flon, Thompson, others) | ___ Eastman/Interlake (Selkirk, Gimli, others)                          | ___ Southeast (Steinbach, St. Pierre-Jolys, Lorette, others) |
| ___ Parkland East (Dauphin, others)                 | ___ North Central (Portage la Prairie, Altona, Morden, Winkler, others) |  |

**SECTION A: Personal Information – Please print or check the appropriate answers:**

	APPLICANT			CO-APPLICANT		
Last Name						
First Name						
Middle Name						
Other Last Name(s) (If known by different last name i.e. maiden name)						
Other First Name(s) (If known by different first name i.e. nickname)						
Current Mailing Address	Residence Address if different			Residence Address if different		
Apt/Street #      Street Name	Apt/Street #	Street Name		Apt/Street #	Street Name	
P.O. Box #      Grp., RR	P.O. Box #	Grp., RR		P.O. Box #	Grp., RR	
Town/City    Province    Postal Code	Town/City	Province	Postal Code	Town/City	Province	Postal Code
Home Telephone Number	(    )			(    )		
Alternative Telephone Number	(    )			(    )		
Date of Birth	Day	Month	Year	Day	Month	Year
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Citizenship	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant/Refugee Date of Arrival: _____ <input type="checkbox"/> Other: _____			<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant/Refugee Date of Arrival: _____ <input type="checkbox"/> Other: _____		

**SECTION B: Children's Information**

Please provide the following information for each child who lives with you and requires housing accommodation:

	Child 1			Child 2			Child 3			Child 4			Child 5			Child 6		
Last Name																		
First Name																		
Middle Name																		
Age of Child																		
Date of Birth	D	M	Y	D	M	Y	D	M	Y	D	M	Y	D	M	Y	D	M	Y
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F

## SECTION C: Medical and Income Information

Applications Intake will verify the information requested below once your eligibility is determined. If the applicant and co-applicant currently live in the same residence, please complete the Applicant column only. If the applicant and the co-applicant do not currently live in the same residence, please complete both the Applicant and Co-Applicant columns.

	Applicant	Co-Applicant
<b>Do you or a family member have a medical condition, medical needs or a disability that is directly related to tenancy?</b> (e.g. mobility/wheelchair access, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:
<b>Are you currently receiving an income?</b> (employment, pension, disability assistance, Employment & Income Assistance, Employment Insurance, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is your total gross (before deductions) monthly income? \$ _____ Income source: _____	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is your total gross (before deductions) monthly income? \$ _____ Income source: _____
<b>Do you have any assets?</b> (eg. Own property, bank accounts, RRSP's, GIC's, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the total value of your assets? \$ _____	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the total value of your assets? \$ _____
<b>What is your current monthly rent / mortgage payment?</b> (including hydro, gas, water.)	\$ _____	\$ _____
<b>Below, provide utility costs which are not included in your rent: \$</b>		
<b>Monthly Heat Bill</b>	\$ _____	\$ _____
<b>Monthly Hydro Bill</b>	\$ _____	\$ _____
<b>Monthly Water Bill</b>	\$ _____	\$ _____
<b>I/we are not currently paying rent as I/we are temporarily living at:</b>	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Parent's Home <input type="checkbox"/> Friend's Home <input type="checkbox"/> Another relative's home <input type="checkbox"/> Hotel, hostel, boarding house, group home, etc. <input type="checkbox"/> Other	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Parent's Home <input type="checkbox"/> Friend's Home <input type="checkbox"/> Another relative's home <input type="checkbox"/> Hotel, hostel, boarding house, group home, etc. <input type="checkbox"/> Other

## SECTION D: Household Information

	Applicant	Co-Applicant
<b>How many bedrooms are there where you currently reside?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>Are there any other persons, other than those listed on this application form, currently sharing accommodations with you/your family?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no If yes please indicate the number of additional: Children _____ Adults _____	<input type="checkbox"/> yes <input type="checkbox"/> no If yes please indicate the number of additional: Children _____ Adults _____
<b>Do you anticipate the number of family members changing within the next 12 months?</b> (e.g. pregnancy, family re-uniting, family separation, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no Date of expected change _____ Family size to decreased by _____ Family size to increased by _____ Please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no Date of expected change _____ Family size to decreased by _____ Family size to increased by _____ Please explain:

**SECTION D: Household Information continued**

	<b>Applicant</b>	<b>Co-Applicant</b>
<b>Have you received a notice to move out by your current landlord?</b> (please provide reason for the notice e.g. property sold, rent arrears, demolition)	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide reason	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide reason
<b>Please provide date that you are expected to vacate your current residence.</b>	Date:	Date:
<b>Has your marital status changed within the past 12 months due to a family separation?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate date of separation: _____	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate date of separation: _____
<b>Please describe the laundry facilities in your current residence:</b>	<input type="checkbox"/> private <input type="checkbox"/> shared <input type="checkbox"/> none	<input type="checkbox"/> private <input type="checkbox"/> shared <input type="checkbox"/> none
<b>Is your current source of heat adequate?</b>	<input type="checkbox"/> adequate <input type="checkbox"/> not adequate If not adequate, please explain:	<input type="checkbox"/> adequate <input type="checkbox"/> not adequate If not adequate, please explain:
<b>Please describe your current kitchen facilities:</b>	<input type="checkbox"/> private <input type="checkbox"/> shared <input type="checkbox"/> none	<input type="checkbox"/> private <input type="checkbox"/> shared <input type="checkbox"/> none
<b>Please describe your current bathroom facilities:</b>	<input type="checkbox"/> private <input type="checkbox"/> shared <input type="checkbox"/> none	<input type="checkbox"/> private <input type="checkbox"/> shared <input type="checkbox"/> none
<b>Are you/your family members able to access all rooms in your current residence?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
<b>Is your current residence in need of any major repairs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
<b>Does your current residence have any obvious unsanitary conditions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
<b>Please describe your current proximity to employment, educational facility or child's school/childcare, essential medical or support services</b>	<input type="checkbox"/> adequate <input type="checkbox"/> not adequate If not adequate, please explain:	<input type="checkbox"/> adequate <input type="checkbox"/> not adequate If not adequate, please explain:
<b>If you have children, is there a yard, park or play area nearby?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no  If no, please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no  If no, please explain:

## PROTECTION OF PRIVACY

Your (family's) personal information is collected by The Department of Family Services and Housing and will be used to establish eligibility for rental housing accommodations. It is protected under The Freedom of Information and Protection of Privacy Act (FIPPA). Personal health information (if any) is protected under The Personal Health Information Act. If you have any questions about the collection of personal information, please call the Manitoba Housing Authority Application Intake, 100-185 Smith Street, Winnipeg, MB, R3C 3G4, (204) 945-HOME(4663), or toll free at 1-800-661-4663(HOME).

## AUTHORIZATION AND DECLARATION

I/we understand that this application does not constitute an agreement on the part of Manitoba Family Services and Housing to provide me with accommodation. I acknowledge that this application becomes the property of Manitoba Family Services and Housing.

I/we hereby certify that the information given in this statement is true, correct and complete in every respect and fully discloses my-our income from all sources. I hereby make this solemn declaration conscientiously believing it to be true, and knowing that it of the same force and affect as if made under oath, and by virtue of the Canada Evidence Act.

I/we understand and consent to allow Manitoba Family Services and Housing to share information on this Application Form, and any subsequent changes, with the appropriate housing programs for the purposes of ensuring eligibility and to determine housing needs. All documentation may be forwarded to the appropriate housing program once housing accommodation is made available.

I hereby authorize Manitoba Family Services and Housing to conduct a personal investigation, including past and present landlord reference checks and utility checks.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Co-Applicant/spouse (Please Print)

\_\_\_\_\_  
Signature of Co-Applicant/Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Other Adult Family Member (Please Print)

\_\_\_\_\_  
Signature of Other Adult Family Member

\_\_\_\_\_  
Date

**If this application is being submitted on behalf of an applicant who is registered with a Public Trustee, a certified stamp must be placed prior to submitting the application to The Manitoba Housing Authority.**

### FOR OFFICE USE ONLY – Please Print

Date Office Received Application: \_\_\_\_\_

Application Received By (Agency): \_\_\_\_\_

Employee Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Manitoba Housing Authority  
Integrated Supported Housing  
Rent Supplement Program  
Other