



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>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

Documentation Required

Dear << Leaseholder and Co-leaseholder >>:

During your interview on [[Enter date of interview: MMMM DD YYYY]] we identified that additional documentation is required. The checked item(s) below must be submitted by [[Enter date documentation to be submitted by: (10 business days from letter date)]]. If this information is not received by this date, your application will be cancelled.

Please provide the following supporting documentation:

- Identification (for all household members)¹
- Citizenship¹
- Custody arrangements
- Income [[Income documentation for: (Enter name(s))]]
- Consent to Release Certified Income Information Form [[Consent form to be signed by: (Enter name(s))]]
- Current monthly rent charge
- Mortgage payment (including utility charge)
- Homelessness
- Domestic violence
- Risk of homelessness
- Housing as a barrier to reunification
- Permanent or temporary disability [[Enter name(s) of person(s) with Permanent or temporary disability :]]
- Need to move closer to work, school, child care or support services

...over

¹ All applicants must provide this proof.

- Inadequate housing
- Education status [[Education status for: (Enter name(s))]]
- Housing Details Form
- Medical Information Form [[Medical Information Form for: (Enter name(s))]]
- Proof of vaccination for your cat or dog

(Please see the enclosed list of acceptable forms of documentation)

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

Regards,

<<Sender Name>>

<<Sender Title>>

Tel:<<Sender Tel>>

Encl.: [[Delete those that don't apply Acceptable Documentation:

Consent to Release Certified Income Information

Housing Details Form

Medical Information Form]]