



**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>>

## Interviewed and Ineligible (Supports Required)

Dear << Leaseholder and Co-leaseholder >>:

Following the interview on **[[Date of interview]]** for the Social Housing Rental Program we have determined that you do not have the necessary supports in place to be able to live independently. Therefore, you are not eligible for the program and your application has been cancelled.

You may re-apply when you obtain the supports needed to live independently.

Please be aware that you have a right to have this decision reviewed. A request to review must be submitted within 60 days of the date of this notice. For more information about this process, please contact the:

Manitoba Housing Review Committee  
600-352 Donald Street  
Winnipeg, Manitoba R3B 2H8  
Phone: (204) 945-5477  
Email: [ManitobaHousingAppeals@gov.mb.ca](mailto:ManitobaHousingAppeals@gov.mb.ca)

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

Regards,

<<Sender Name>>

<<Sender Title>>

Tel: <<Sender Tel>>