



**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>>

Client ID: <<Client ID>>

<<Co-Leaseholder name>>

Client ID: <<Client ID>>

<<Address>>

<<City/town, MB postal code>>

## Providing False Information

Dear << Leaseholder and Co-Leaseholder >>:

We have reasonable evidence to believe that you have knowingly and intentionally provided false or misleading information or omitted information required by Manitoba Housing. As a result, you are disqualified from the Social Housing Rental Program and your application has been cancelled.

Please note that we will not consider any application for housing that you submit during the 6 months following the date of this letter.

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>>