

# Housing Details Form



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## To be completed by the Applicant:

Applicant's Name: \_\_\_\_\_

Co-applicant's Name: \_\_\_\_\_

## Declaration and Consent:

I hereby authorize the release of personal information and personal health information to Manitoba Housing for the purpose of determining eligibility and suitability of rental housing. I understand that this information may be kept on file for the length of tenancy. I am aware that I may cancel or amend this consent at any time in writing to Manitoba Housing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manitoba Housing is collecting personal information and personal health information (if applicable) about the housing applicants, and qualified household members (if any), under the authority of Manitoba Housing programs for the purpose of establishing their eligibility for rental housing. The information provided is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. Personal health information is protected under The Personal Health Information Act.

If you have any questions about the collection of this information please contact Manitoba Housing's Access and Privacy Coordinator at 352 Donald Street, Winnipeg or 204-945-3025.

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## To be completed by a Support Worker:

This section must be completed by a support worker who holds a position of responsibility in their profession or in their community and is not related to the applicant. Support workers include housing advocates, religious leaders, social workers and other professionals who can verify the housing needs of the applicant.

**Please check the appropriate boxes and print additional information as required.**

### Adequacy

1. I have visited the applicant's home and can personally verify the following issues must be addressed in their current home in order to make it healthy and safe:

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2. I verify that the landlord has been contacted regarding these problems.  Yes  No

If yes, the issues have been unresolved for \_\_\_\_\_ months.

3. I have knowledge of the landlord and expect retribution from said landlord if the applicant takes action through the Residential Tenancies Branch.  Yes  No

**Homelessness**

Based on my **direct observation** of the applicant's circumstances, I can confirm that the applicant is homeless or at risk of becoming homeless:

a) **Homeless**  Yes  No

- Living in homeless
- Living on street
- Being discharged from a medical facility with no place to live
- Being released from a correctional facility with no place to live
- Current home destroyed by fire or flood

b) **Temporarily sheltered and at risk of homelessness**  Yes  No

- Youth aging out or foster care
- Forced to lease current home due to child protection concerns that endanger the health, life or wellbeing of the children)
- Person with a disability forced to leave parental home as parent(s) can no longer provide support
- Person with a disability forced to vacate a supportive housing unit as they no longer qualify for the program
- Temporarily housed (e.g. couch surfing, staying in a hotel, hostel, or transitional immigration centre)

Additional comments:

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**Proximity**

I can confirm that the applicant is experiencing hardship due to the time they spend travelling daily to work, school, childcare or other needed services.  Yes  No

If yes, please describe (e.g. time, distance, etc.)

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**Declaration by support worker**

I certify that the information provided here is true, correct and complete to the best of my knowledge.

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_