

## Canada-Manitoba Housing Benefit (CMHB) Homelessness Stream

### Annual Renewal Application Form

*This application is available in alternate formats upon request.*

The Canada-Manitoba Housing Benefit Homelessness Stream helps support independence, provide safe and stable housing for individuals at risk of homelessness or who are experiencing homelessness by providing a benefit that addresses affordability gaps in housing costs.

This renewal form is used to make sure that you are still eligible for the benefit, and to make sure that you are receiving the right amount. You will need to complete this form annually to ensure eligibility and the continuation of the benefit.

**The CMHB is not taxable income, however Manitoba Housing is required to provide you with a T5007 form at tax time.** For more information please visit:

<https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/t5007.html>

#### INSTRUCTIONS AND NEXT STEPS:

Complete and submit this application with all required documentation attached.

**All information will be reviewed for accuracy and verified.**

**If you are renting in Winnipeg forms can be submitted to End Homelessness Winnipeg:**

By email: [CMHB@endhomelessnesswinnipeg.ca](mailto:CMHB@endhomelessnesswinnipeg.ca),

By mail: 209A – 1075 Portage Avenue, Winnipeg, Manitoba R3G 0R8

By appointment: 204-915-6940 or 204-619-8746

**If you are renting in Thompson forms can be submitted to CMHA Thompson:**

By email: [cmhbsupport@cmhathompson.ca](mailto:cmhbsupport@cmhathompson.ca)

By mail: 43 Fox Bay, Thompson, Manitoba R8N 1E9

By appointment: 204-939-0948

**If you are renting in all other areas outside of Winnipeg (except Thompson) forms can be submitted to Brandon Neighbourhood Renewal Corporation:**

By email: [rentsupplement@bnrc.ca](mailto:rentsupplement@bnrc.ca) or [supplement@bnrc.ca](mailto:supplement@bnrc.ca),

By mail: 440 Rosser Avenue, Brandon, MB, R7A 0K3

By appointment: 204- 729-2490 EXT: 116

## Checklist of Required Documents:

*Incomplete applications will not be accepted, they will be returned to sender to be completed.*

<input type="checkbox"/>	<b>Power of Attorney (POA) or Public Trustee verification</b> <i>(if completed by a POA or Trustee)</i>
<input type="checkbox"/>	<b>Proof of all income</b> <i>(include the applicable document(s) based on your situation).</i> This includes (if applicable) <ul style="list-style-type: none"><li>▪ EIA budget letter or Non-EIA Rent Assist confirmation,</li><li>▪ employment income (copy of your three most recent pay stubs),</li><li>▪ self-employment (monthly income and expenses),</li><li>▪ Employment Insurance (EI),</li><li>▪ Old Age Security (OAS),</li><li>▪ Guaranteed Income Supplement (GIS),</li><li>▪ Canada Pension Plan (CPP),</li><li>▪ Worker's Compensation or personal or disability pension.</li></ul>
<input type="checkbox"/>	<b>Proof of tenancy and utility confirmation</b> (if applicable) <ul style="list-style-type: none"><li>▪ a copy of your current tenancy agreement,</li><li>▪ a copy of your EIA rent form (if applicable) or</li><li>▪ a copy of a written rent agreement.</li></ul> If you do not have a written rent agreement, your landlord or the person you are renting from can <a href="#">download and complete a written rent agreement</a> and submit it with your application.
<input type="checkbox"/>	<b>Signed Collection, Use and Disclosure of Personal Information form</b> <i>(pages 7-8).</i>
<input type="checkbox"/>	<b>Direct Deposit information</b> <i>(page 6).</i>

**You will receive an email or a letter in the mail to let you know if your application is approved, denied, or if we need more information.**

## Canada-Manitoba Housing Benefit (CMHB) Homelessness Stream Annual Renewal Form

Applicant Information – Please print clearly			
	Applicant	Spouse / Common-law	
<b>First Name:</b>			
<b>Last Name:</b>			
<b>Date of Birth:</b>			
<b>Social Insurance Number</b>			
Contact Information			
<b>Email:</b>			
<b>Phone #:</b>		<b>Alt. Phone:</b>	
<b>Address:</b>			Manitoba
<b>City/Town:</b>		<b>Postal Code:</b>	
Dependent Household Members ( <i>children under 18 years old</i> ):			
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Housing Support Agency or Alternate Contact ( <i>Optional</i> )			
If you cannot use your residence address to receive correspondences, is there another person to whom you have given permission to receive future correspondence regarding this benefit ( <i>e.g., family, friend, referring agency, etc.</i> )?			
<b>Agency Name:</b>			
<b>Contact Name:</b>			
<b>Address:</b>			Manitoba
<b>City/Town:</b>		<b>Postal Code:</b>	
<b>Email:</b>		<b>Phone:</b>	

**Rental Information**

How many people are living in your rental unit? \_\_\_\_\_ Adults \_\_\_\_\_ Children

Total monthly rent amount: \$ \_\_\_\_\_

Are you living with someone who is also paying rent?  Yes  No

If yes, how much is your portion of the rent per month: \$ \_\_\_\_\_

Does your rent include **all** your utilities (heat, electricity, water)?  Yes  No

If no, you may be eligible to receive \$72 per month to assist with utility payments.

**Income Information**

Do you receive Employment and Income Assistance (EIA)?  Yes  No  
Case # \_\_\_\_\_

Do you receive non-EIA Rent Assist?  Yes  No  
Application # \_\_\_\_\_

I have earned income source(s) and **I have** included documentation confirming this income:  Yes  No

Sources of Earned Income	Monthly Net Income	
	Applicant	Spouse
Employment Income		
Self-Employment (Net)		
Employment Insurance (EI)		
Old Age Security (OAS)		
Guaranteed Income Supplement (GIS)		
Canada Pension Plan (CPP)		
Worker's Compensation		
Personal or Disability Pension		
Other		

## Payment Information

How would you prefer to receive the benefit payment? ***Direct deposit is the preferred method of payment***

- Send to me by direct deposit (complete direct deposit form)
- Send to me by cheque to my residence address
- Send to me by cheque to my alternate contact persons mailing address
- Send to my landlord by direct deposit (provide landlord's bank information/void cheque)
- Send my utility top up to me and my CMHB benefit to my landlord separately
- Send by cheque to my landlord or Public Trustee:

Landlord / Public Trustee Contact:

Rental Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**By checking this box, I, \_\_\_\_\_ (full name) hereby authorize the payment of my Canada-Manitoba Housing Benefit direct to this individual/organization each month.**

**Date:** \_\_\_\_\_

## CMHB DIRECT DEPOSIT REQUEST

### SECTION A – INFORMATION ABOUT YOU

<b>First Name:</b>			
<b>Last Name:</b>			
<b>Mailing Address:</b>			<b>Manitoba</b>
<b>City/Town:</b>		<b>Postal Code:</b>	

### SECTION B – Direct Deposit Information

To sign up for direct deposit information, choose one of the following methods.

1. Through your online banking:
  - Login to your online banking, click on the account that you wish to have your money deposited into and select the print payroll direct deposit form. Please note that these instructions may vary slightly from bank-to-bank but should remain relatively similar regardless of Institution. If you are having trouble finding your direct deposit information online, you can call your bank directly to get help.
  - Submit your direct deposit information with your completed application.
2. Void personalized cheque:
  - Attach a blank cheque for your bank account and write “VOID” across it. We will use the financial information on the cheque to set up the direct deposit.
3. From your bank:
  - You can get a direct deposit form directly from your bank **OR** have your financial institution complete the fields below. **Please make sure they stamp in the noted field.**

Branch Number	Institution Number	Financial Institution Stamp																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Account Number</b></td> </tr> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	<b>Account Number</b>																				
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### SECTION C – CLIENT AUTHORIZATION

By checking this box, I, \_\_\_\_\_ (full name), hereby authorize End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services to deposit my benefit payments into the bank account in Section A. I agree to notify, in writing, End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services of any changes to my financial institution, branch or bank account number and allow them a minimum of 10 business days, after the receipt of notice, to implement a change. The direct deposit service will continue until I have notified, in writing, End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services to withdraw from direct deposit. I understand this is a voluntary / optional service and the branch has the right to convert this payment method back to a cheque payment without notice

**Date:**

## COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Your personal information is collected under the authority of Manitoba Housing programs and will be used to determine your eligibility and verify your ongoing eligibility for benefits under the Canada-Manitoba Housing Benefit program. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of personal information, please contact the Access and Privacy Coordinator at 700-352 Donald Street, Winnipeg, MB, (204) 945-3025.

## CONSENT TO DISCLOSE/SHARE INFORMATION

I understand that End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services sharing any personal information with other Manitoba government departments and agencies for the purpose of determining eligibility for the Canada-Manitoba Housing Benefit program and determining housing need.

I authorize any person, agency or organization to release and / or exchange information for that purpose. I understand this consent includes requests pertaining to my employment, income, assets, liabilities, resources, benefits received under other programs or any other relevant personal information.

I understand that End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services will be unable to determine my eligibility for the Canada-Manitoba Housing Benefit program if I choose not to provide the consent described above.

I understand that the Manitoba government (or a third party contracted by the Manitoba government) may use my de-identified information for analysis and research of its programs and services. This might involve my information being combined with information from other Manitoba government departments and / or agencies. I understand that the Manitoba government may contact me for feedback regarding the Canada-Manitoba Housing Benefit program.

I understand that my information may be disclosed to the Government of Canada and its agents, including Statistics Canada and the Canada Mortgage and Housing Corporation (or a third party contracted by the Government of Canada) for analysis and research of national housing programs.

A copy or an electronically transmitted copy of this signed Consent to Disclose has the same effect as the original and is sufficient to authorize the disclosure and/or exchange of information.

## DECLARATION

I understand that this application is not an agreement on the part of End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services to provide me with housing. I acknowledge that, once submitted, this application becomes the property of End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services.

If this application is accepted, I acknowledge my obligation to notify the administering office immediately of any change(s) in my circumstances, including any change in residential address or income, and all such other information which may affect my benefits or eligibility.

I certify that the information given in this statement is true, correct, and complete in every respect. If something is incorrect or not true, I understand that End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services may cancel my application or take any other measures deemed appropriate.

I understand that the information provided to End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation or CMHA Thompson or Provincial Services will be reviewed and this application may be returned or additional information may be required based upon that review. I understand that late applications may affect the amount of benefits to be paid on my behalf.

### Applicant Signature

By checking this box, I, \_\_\_\_\_ (full name) acknowledge that I have read and consent to the Collection, Use and Disclosure of Personal Information above.

Date:

### Power of Attorney or Public Trustee Signature

By checking this box, I, \_\_\_\_\_ (full name of Power of Attorney or Public Trustee) on behalf of \_\_\_\_\_ (applicant's full name), hereby acknowledge that the applicant has read and consents to the Collection, Use And Disclosure Of Personal Information.

Date: