



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>>

Program Eligibility - Eligible

Dear << Leaseholder and Co-Leaseholder >>:

Your application for the Social Housing Rental Program has been reviewed. Based on the information provided on your application, it has been determined that you are eligible for the program.

Prior to receiving an offer for housing, Manitoba Housing will contact you to verify the information on your application.

Please report any changes to your contact information or housing situation immediately. It is important to keep your file current to assist Manitoba Housing in providing a unit that best suits your housing needs. If we are unable to contact you at the telephone number and/or address you have provided, your application will be cancelled.

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

Regards,

<<Sender Name>>

<<Sender Title>>

Tel:<<Sender Tel>>