

## Canada-Manitoba Housing Benefit – Youth Stream Application Form

This application is available in alternate formats upon request.

The Canada-Manitoba Housing Benefit Youth Stream helps support independence and improve outcomes for youth who are in the process of, or who have transitioned out of the care of Child and Family Services and need help to pay for rent. The benefit in this stream can be used anywhere in the private market in Manitoba.

### **All completed forms can be submitted to Provincial Services:**

By email: [incsup@gov.mb.ca](mailto:incsup@gov.mb.ca) , by fax: 204-945-3930, or in person or by regular mail to the following address: 114 Garry Street, Winnipeg, MB, R3C 4V4

**If you are not a youth who has transitioned out of care of Child and Family Services, you may be eligible for the homelessness stream of the Canada-Manitoba Housing Benefit. Please visit the following link for more information: [Canada-Manitoba Housing Benefit - Homelessness Stream Website](#)**

**You can only receive the CMHB through one of the benefit streams. If you are found to be accessing the CMHB through different streams, your benefits will be suspended immediately and you will be required to re-apply to one stream only.**

### INSTRUCTIONS AND NEXT STEPS:

- Complete and submit this application with all required documentation attached (see Checklist of required documents on page 2). **All information will be reviewed for accuracy and verified.**
- You will get a letter in the mail to let you know if your application is approved, denied, or if we need more information. If we need more information, you may be conditionally approved until we receive all necessary information.
- If your information has changed since you submitted your application, you are required to complete a “Change of Information Form” available on the Canada-Manitoba Housing Benefit – Youth Stream website, found at the following link: [Canada-Manitoba Housing Benefit - Youth Stream Website](#)

## Checklist of Required Documents:

- Completed application form. If you are missing information (e.g., tenancy agreement, EIA or non-EIA Rent Assist case number, etc.) but you are wanting pre-approval, please check the following box:
  - This application is for pre-approval.**
- If this application form has been completed by a Power of Attorney or Public Trustee please include a copy of the document(s) that verifies this authority.
- Proof of all income, including amounts, if applicable. This includes your EIA budget letter or non-EIA Rent Assist confirmation (if applicable), employment income (copy of your two most recent pay stubs, if applicable), any funding you get, worker's compensation, awards or grants, scholarships or bursaries, etc.
- Proof of tenancy. This could be a copy of your current tenancy agreement, a copy of your EIA Rent form (if applicable), or a copy of a written rent agreement. If you do not have a written rent agreement, your landlord or the person you are renting from can find one to fill out on the following website: [Residential Tenancies Branch - Commonly Used Landlord Forms](#).
- Signed Collection, Use and Disclosure of Personal Information form (on page 8 and 9).
- Direct Deposit information. If you choose the benefit to be paid directly to your account, complete and attach the Direct Deposit form (last page) with your application.

**Complete the following information.**

**1. Applicant/Address Information:**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

*Please note that your SIN is needed for tax purposes. **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>*

Birthdate: \_\_\_\_\_

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

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

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

City/Town (in Manitoba): \_\_\_\_\_

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

**Optional:** Is there another person to whom you have given permission to contact us on your behalf to discuss important information about your application?

Name: \_\_\_\_\_

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

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

## 2. Income Information

Income sources include your EIA budget letter or non-EIA Rent Assist confirmation (if applicable), employment income, any financial assistance, worker's compensation, etc.

a. Do you receive Employment and Income Assistance (EIA)?

Yes, I receive EIA.

EIA case number: \_\_\_\_\_

*Your EIA case number has 6 digits and can be found on any communication you have received (e.g.: budget letter).*

No

b. Do you receive non-EIA Rent Assist?

Yes, I receive non-EIA Rent Assist.

Non-EIA Rent Assist application number: \_\_\_\_\_

*Your non-EIA Rent Assist application number has 6 digits and can be found on any communication you have received (e.g.: letters).*

No

**Indicate your monthly net income:**

Income Source(s):

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Monthly **net** income:

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### 3. Payment Information:

How would you prefer to receive the benefit payment? **Please note that direct deposit is the preferred method of payment:**

- Send to me, via direct deposit (note that you will need to provide your direct deposit information- see last page)
- Send to my landlord or to the Public Trustee, mailed to the address indicated below

**If you have circumstances that do not allow for direct deposit and would prefer the benefit be mailed to you, please check the following box:**

- Please send to me, via mail (use my address in the previous section)

**Only fill out the following section if you would like the benefit paid directly to your landlord or Public Trustee:**

Landlord or Trustee Full Name: \_\_\_\_\_

Rental Management Company (if applicable): \_\_\_\_\_

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

City/Town (in Manitoba): \_\_\_\_\_

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

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

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

**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)

#### 4. Manitoba Child and Family Services Agency Information

This section is to make sure you are eligible for the youth leaving care benefit. This benefit is for youth who are in the process of, or who have transitioned out of the care of **Manitoba's Child and Family Services, this includes Indigenous Governing Bodies**. Please fill out the following information.

a. Check the box that fits your situation:

- I am currently a youth-in-care, **preparing to leave care**
- I am currently on an agreement with young adults (AYA), **preparing to leave**
- I am a former youth-in-care

b. Check the Manitoban Authority that you were or are involved in. If you do not know, you can find a list of all the agencies under each Authority on the following website: [Manitoba Child and Family Services Authorities and Agencies](#):

- Métis Child and Family Services Authority
- Southern First Nations Network of Care (Southern Authority)
- First Nations of Northern Manitoba Child and Family Services Authority (Northern Authority)
- General Child and Family Services Authority
- Indigenous Governing Body
- Not sure

## 5. Additional Rental Information:

The next questions help us calculate how much money you will receive. Please fill out the next sections as accurately as you can.

1. This benefit is for a person renting their living space. Are you currently renting?

Yes, answer the questions a. and b. below.

I'm looking for a place to rent, proceed to the next page.

*Please note that you may be conditionally eligible until you find a place to rent and we receive all necessary information. Please refer to the checklist on page 2 and check box for pre-approval.*

a. Are you living with someone who is also paying rent?

No

Yes

If yes, tell us how much you pay for your portion of the rent per month: \_\_\_\_\_

b. Does your rent include **all** your utilities (heat, electricity, water)?

Yes

No

If no, you are eligible to receive additional funds to assist with utility payments. **Please note that the benefit and additional funds can only be paid directly to you or the Public Trustee. Please check the box for how you would prefer to receive the benefit and additional funds:**

Send to me via direct deposit (note that you will need to provide your direct deposit information – see last page).

Send to me via mail (use my address in the applicant information section, page 3).

Send to the Public Trustee, mailed to the address indicated in the payment section (page 5).

## **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 Provincial Services is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to 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 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 consent to have Provincial Services connect me to wrap-around services by giving my contact information to any Manitoba government programs, any federal government programs, or any partner organizations. I understand that the purpose of these referrals is to provide information about programs that I may be interested in, such as education, training, and mentoring. I am not required to participate in any programs offered. I understand that my benefit will not be affected if I decline any programs offered.

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 de-identified 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 Provincial Services to provide me with housing. I acknowledge that, once submitted, this application becomes the property of 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 Provincial Services may cancel my application or take any other measures deemed appropriate.

I understand that the information provided to 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

## Request Direct Deposit

### Section A – Direct Deposit Information

Please see below the different ways you can provide your direct deposit information. Choose the method that is best for you.

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 also 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

\_\_\_\_\_  
Account Number

Financial Institution's Stamp
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### Section B – Client Authorization

By checking this box, I, \_\_\_\_\_ (Full name), hereby authorize the Provincial Services Branch to deposit my benefit payments into the bank account in Section A. I agree to notify, in writing, the Provincial Services branch of any changes to my financial institution, branch or bank account number and allow the branch 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, the Provincial Services branch 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)