

APPENDIX "A"

PART 1: PROJECT DESCRIPTION

<p>Project Name & Civic Address</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Recipient Name & Contact Information</p> <p>_____</p> <p>_____</p> <p>_____</p>																								
<p>Legal Description of Land & Title Number</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Recipient Type</p> <p><input type="checkbox"/> Non-Profit Housing Corporation</p> <p><input type="checkbox"/> Housing Cooperative</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Date of Incorporation or Registration in MB: _____</p>																								
<p>Project Type</p> <p><input type="checkbox"/> New Construction <input type="checkbox"/> Acquisition & Rehabilitation</p> <p><input type="checkbox"/> Acquisition only <input type="checkbox"/> Acquisition & Conversion</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>Tenant / Resident Type</p> <p><input type="checkbox"/> Family <input type="checkbox"/> Single</p> <p><input type="checkbox"/> Senior <input type="checkbox"/> Student</p> <p><input type="checkbox"/> Persons with Disabilities</p> <p><input type="checkbox"/> Other (specify): _____</p>																								
<p>Dwelling Type</p> <p><input type="checkbox"/> High-Rise (8+ storeys) <input type="checkbox"/> Townhouses</p> <p><input type="checkbox"/> Mid-Rise (5-7 storeys) <input type="checkbox"/> Row houses</p> <p><input type="checkbox"/> Low-Rise (2-4 storeys) <input type="checkbox"/> Semi-Detached</p> <p><input type="checkbox"/> Motel/Hostel (1 storey) <input type="checkbox"/> Single-Detached</p> <p><input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____</p> <p>Buildings on Site: <i>Select</i> # of Floors: <i>Select</i></p> <p>Notes: _____</p>	<p>Tenure Type</p> <p><input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental</p> <p><input type="checkbox"/> Rent to Own <input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> Life Lease</p> <p><input type="checkbox"/> Other (specify): _____</p>																								
<p>Foundation Type</p> <p><input type="checkbox"/> Slab on Grade <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Crawlspace</p> <p><input type="checkbox"/> Full Basement</p>	<p>Housing Type</p> <p><input type="checkbox"/> Permanent 0 <input type="checkbox"/> Assisted Living 0</p> <p><input type="checkbox"/> Transitional 0 <input type="checkbox"/> Long Term Care 0</p> <p><input type="checkbox"/> Supportive 0 <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Emergency 0 <i>Please indicate # of units</i></p>																								
<p>Heating Fuel</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Ground-Source <input type="checkbox"/> Other (specify): _____</p>	<p>Proposed Property Management by</p> <p><input type="checkbox"/> Recipient</p> <p><input type="checkbox"/> Other (specify): _____</p>																								
<p>Heating System</p> <p><input type="checkbox"/> Forced air <input type="checkbox"/> Hot water/baseboard radiation</p> <p><input type="checkbox"/> Electric/baseboard radiation <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Geothermal (specify): _____</p>	<p>Proposed Construction Contract</p> <p><input type="checkbox"/> General Tender</p> <p><input type="checkbox"/> Construction Management</p> <p><input type="checkbox"/> Other (specify): _____</p>																								
<p>Construction Method</p> <p><input type="checkbox"/> Wood Frame</p> <p><input type="checkbox"/> Steel Frame</p> <p><input type="checkbox"/> Concrete Frame</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>Services Installed</p> <p><input type="checkbox"/> Sanitary Sewers <input type="checkbox"/> Storm Sewers</p> <p><input type="checkbox"/> Combined Sewers <input type="checkbox"/> Well</p> <p><input type="checkbox"/> Septic Field <input type="checkbox"/> Municipal Water</p> <p><input type="checkbox"/> Curbs <input type="checkbox"/> Paved Roads</p> <p><input type="checkbox"/> Sidewalks <input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Hydro</p>																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Appliances in Common Areas</th> <th style="text-align: left;"># of Units</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Refrigerator</td><td style="text-align: right;">0</td></tr> <tr><td><input type="checkbox"/> Stove</td><td style="text-align: right;">0</td></tr> <tr><td><input type="checkbox"/> Washer</td><td style="text-align: right;">0</td></tr> <tr><td><input type="checkbox"/> Dryer</td><td style="text-align: right;">0</td></tr> <tr><td><input type="checkbox"/> Microwave</td><td style="text-align: right;">0</td></tr> <tr><td><input type="checkbox"/> Dishwasher</td><td style="text-align: right;">0</td></tr> <tr><td><input type="checkbox"/> Other (specify): _____</td><td style="text-align: right;">0</td></tr> </tbody> </table>	Appliances in Common Areas	# of Units	<input type="checkbox"/> Refrigerator	0	<input type="checkbox"/> Stove	0	<input type="checkbox"/> Washer	0	<input type="checkbox"/> Dryer	0	<input type="checkbox"/> Microwave	0	<input type="checkbox"/> Dishwasher	0	<input type="checkbox"/> Other (specify): _____	0	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Appliances in Residential Units</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Refrigerator</td></tr> <tr><td><input type="checkbox"/> Stove</td></tr> <tr><td><input type="checkbox"/> Washer</td></tr> <tr><td><input type="checkbox"/> Dryer</td></tr> <tr><td><input type="checkbox"/> Microwave</td></tr> <tr><td><input type="checkbox"/> Dishwasher</td></tr> <tr><td><input type="checkbox"/> Other (specify): _____</td></tr> </tbody> </table>	Appliances in Residential Units	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Stove	<input type="checkbox"/> Washer	<input type="checkbox"/> Dryer	<input type="checkbox"/> Microwave	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Other (specify): _____
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<p>Zoning Information</p> <p><input type="checkbox"/> Subdivision Required Current Zoning: _____</p> <p><input type="checkbox"/> Re-Zoning Required Required Zoning: _____</p> <p><input type="checkbox"/> Variances Required</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">On-Site Parking</th> <th style="text-align: left;"># of spaces</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Surface Parking</td><td style="text-align: right;">0 spaces</td></tr> <tr><td><input type="checkbox"/> Covered Parking</td><td style="text-align: right;">0 spaces</td></tr> <tr><td><input type="checkbox"/> Other (specify): _____</td><td style="text-align: right;">0 spaces</td></tr> <tr><td>Total spaces:</td><td style="text-align: right;">0</td></tr> </tbody> </table>	On-Site Parking	# of spaces	<input type="checkbox"/> Surface Parking	0 spaces	<input type="checkbox"/> Covered Parking	0 spaces	<input type="checkbox"/> Other (specify): _____	0 spaces	Total spaces:	0														
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<p>Energy Efficiency Program</p> <p><input type="checkbox"/> Manitoba Hydro Power Smart- New Buildings Program 2.0 Performance Path</p> <p><input type="checkbox"/> LEED <i>Select</i></p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>Project Consistency Confirmation</p> <p><input type="checkbox"/> Meets Manitoba Housing's Accessible Design Criteria</p> <p>Indicate # of fully accessible units: _____</p> <p><input type="checkbox"/> Complies with Manitoba Housing's Modesty Assurance Criteria</p> <p><input type="checkbox"/> Complies with Manitoba Housing's Procurement Guidelines</p>																								

I certify that this is a true description of the Project as of the date set out below:

Initials of Authorized Officer of the Recipient: _____

Date: _____

Appendix "A" - Part 1: Project Description (continued)

Function	Description of units/spaces	sq.ft./unit or room	Total # of units	# of Fully Accessible units	# of units Below Grade	Total sq.ft.	Total M ²
a - Residential Units	Studio						0
	1 Bedroom						0
	2 Bedroom						0
	3 Bedroom						0
	4 Bedroom						0
Total Residential Units			0	0	0	0	0
b - Residents Amenity	Lounge						0
	Multi-Purpose Room						0
	Resident Laundry						0
	Common Dining Room						0
	Common Kitchen						0
	Common Washrooms						0
	Other:						0
Total Amenity			0	0	0	0	0
c - Administration/ Program Support	Offices						0
	Staff Washrooms						0
	Other:						0
	Other:						0
	Other:						0
Total Admin/Support			0	0	0	0	0
d - Circulation	Corridors and Lobby						0
	Stairs						0
	Elevators						0
Total Circulation			0	0	0	0	0
e - Service Rooms	Janitor's Room						0
	Staff Laundry						0
	Electrical/Mechanical						0
	Refuse						0
	General Storage						0
Other:						0	
Total Service Rooms			0	0	0	0	0
SUMMARY							
a - Total Residential Area			0	0	0	0	0
b - Total Residents Amenity			0	0	0	0	0
c - Total Admin/Support			0	0	0	0	0
d - Total Circulation			0	0	0	0	0
e - Total Service Rooms			0	0	0	0	0
f - Gross Building Area (a+b+c+d+e)						0	0
Land Area							

Contact Information	Address	Contact Person & Title	Phone #
Recipient	[Address]	[Name, Title]	[Phone Number]
[enter name]	[City/Town, MB POSTAL CODE]		
Development Consultant	[Address]	[Name, Title]	[Phone Number]
[enter name]	[City/Town, MB POSTAL CODE]		
Architectural Firm	[Address]	[Name, Title]	[Phone Number]
[enter name]			
Contractor	[Address]	[Name, Title]	[Phone Number]
[enter name]	[City/Town, MB POSTAL CODE]		
Law Firm	[Address]	[Name, Title]	[Phone Number]
[enter name]	[City/Town, MB POSTAL CODE]		
Other (specify):	[Address]	[Name, Title]	[Phone Number]
[enter name]	[City/Town, MB POSTAL CODE]		

GST REGISTRATION NUMBER:		[enter GST Registration Number]	
PROJECTED TIMELINE:			
Property Possession Date: YY/MM/DD	Construction Tender Date YY/MM/DD	Construction Start Date YY/MM/DD	Occupancy Date YY/MM/DD
[enter date]	[enter date]	[enter date]	[enter date]

I certify that this is a true description of the Project as of the date set out below:

Initials of Authorized Officer of the Recipient: _____
Date: _____

APPENDIX "A"

PART 2: ESTIMATED PROJECT COSTS

Project Costs	Recipient's Estimate of Costs (exclusive of GST)	Estimated GST (if any)	Approved by MHRC (exclusive of GST)	GST (if any)
Acquisition of Land or Buildings			Column A	Column B
1. Land Cost (including existing structures, if any) Based on: Select				
2. Off-site Servicing (specify):				
3. Legal Services and Disbursements, Land Titles Registration fees & Land Transfer Tax				
4. Surveyor's Fees, Environmental Site Assessment (incl. Soil Tests & Report)				
5. Zoning Variance Fees				
6. Appraisal Fees				
7. Other (specify):				
Sub-total Acquisition of Land or Buildings	-	-	-	-
Design, Financing and Development				
8. Architect/Engineering/Other Consulting Fees (specify):				
9. Legal Fees				
10. Development/Project Management Fees				
11. Insurance During Construction				
12. Interest During Construction				
13. Property Taxes During Construction				
14. Utilities During Construction				
15. Geothermal Feasibility Study				
16. Permits/Other Development Fees				
17. Rent up (e.g. marketing) (specify):				
18. Other (specify):				
19. Other (specify):				
Sub-total Design, Financing and Development Costs	-	-	-	-
Construction Costs				
20. Construction Based on: Select				
21. Rehabilitation/Conversion/Demolition				
22. Onsite Servicing				
23. Landscaping				
24. Stoves, refrigerators and laundry equipment				
25. Hard Furnishings (specify and explain why necessary)				
26. Maintenance Equipment (specify):				
27. Contingency				
28. Other (specify):				
Sub-total Construction Costs	-	-	-	-
On Completion				
29. Appraisal of Completed Housing Complex				
30. Auditor's Fees				
31. Other (specify):				
Sub-total On Completion Costs	-	-	-	-
TOTAL PROJECT COSTS	-	-	-	-
Total Column A + Column B	-	-	-	-
Less Applicable GST Rebate (indicate %)				
Less Other Rebates (list)				
NET PROJECT COSTS	-	-	-	-

I certify that this is a true description of the Project as of the date set out below:

Initials of Authorized Officer of the Recipient: _____

Date: _____

APPENDIX "A"

PART 3: ESTIMATED OPERATING EXPENSES AND REVENUES

Estimated Operating Expenses	Recipient's Estimate	Approved Estimate
Maintenance		
1. Maintenance and Repairs		
2. Elevator		
3. Snow and Waste Removal		
4. Grounds Maintenance		
5. Other (specify):		
6. Sub-total Maintenance (add lines 1 to 5)	\$ -	\$ -
Utilities		
7. Heating		
8. Light and Power		
9. Water, Sewer Rate or Tax		
10. Janitorial (payroll/supplies)		
11. Security		
12. Other (specify):		
13. Sub-total Utilities (add lines 7 to 12)	\$ -	\$ -
Administration		
14. Management (fees/salaries/supplies)		
15. Audit		
16. Property Taxes (excluding water and sewer)		
17. Insurance		
18. Contingency for Vacancies and Bad Debts		
19. Replacement Reserve		
20. Other Expenses (attach details)		
21. Sub-total Administration (add lines 14 to 20)	\$ -	\$ -
22. Total Operating Expenses (add lines 6, 13, and 21)	\$ -	\$ -
23. Plus: Annual Loan Repayment (from Appendix A Part 4)		
24. Total Annual Expenses (add lines 22+23)	\$ -	\$ -

Residential Revenue/Rent	Recipient's Estimate	MHRC Approved
Base Shelter Monthly		
Unit Type A: # ___ x \$ ___ =		Rent per unit
Unit Type B: # ___ x \$ ___ =		
Unit Type C: # ___ x \$ ___ =		
Unit Type D: # ___ x \$ ___ =		
Additional Revenue:		
2. Laundry (monthly)		
3. Parking # Stalls ___ x \$ ___ =		
4. Other (specify):		
5. TOTAL MONTHLY REVENUE POTENTIAL	\$ -	
6. TOTAL ANNUAL REVENUE POTENTIAL	\$ -	

I certify that this is a true description of the Project as of the date set out below:

Initials of Authorized Officer of the Recipient: _____

Date: _____

APPENDIX "A"

PART 4: SOURCES OF FUNDING

Financing Information	Recipient's Estimate	Approved Estimate
Sources of Funding (specify sources and amounts)		
1. Recipient's Minimum Contribution		
2. Approved Lender - (if any) Mortgage Term: _____ years Interest Rate: _____ % Amortization Period _____ years Annual Loan Repayment: \$ _____ (principal and interest)		
3. Other Approved Lenders (if any). (specify source, amount and terms)		
4. MHRC Funding _____ up to _____		
5. a. List all other Funding Sources (if any):		
b.		
c.		
d.		
e.		
Total Funding	-	-
Approved Net Project Costs (from Part 2)	-	-

I certify that this is a true description of the Project as of the date set out below:

Initials of Authorized Officer of the Recipient: _____

Date: _____

PART 5: PROJECT TIMELINE AND ESTIMATED CASHFLOW

Task	Start Date	End Date	Month												Total						
			J	F	M	A	M	J	J	A	S	O	N	D	Amount	Units	% of Total				
Phase I: Feasibility																					
1. MB Housing Approval in Principle - Class C/Catwalk																					
2. Site Investigation (ESA, JLI, Geotechnical, Geobenchmarking)																					
3. Confirmation from Architect of MB Hydro Power Smart New Buildings Program																					
4. Tender Construction Management (if applicable)																					
5. Confirmation of Zoning/Permits/Other																					
6. Class C (73%) Drawings/Specifications																					
7. Class C Costs																					
8. Identification of Appropriate Financing																					
9. Review PDEC submitted to Manitoba Housing																					
10. MB Housing Approval of Drawings/Specifications and Class C Estimate																					
11. Remaining Conditions under Letter of Intent satisfied																					
Phase II: Pre-Construction																					
12. Class B (66%) Drawings																					
13. Class B Costs and Revised PDEC																					
14. Confirmation of Financing and Funding																					
15. Manitoba Housing Approval of Drawings/Specifications and Class B Estimate																					
16. Confirmation of Land Ownership/Transfer of Ownership																					
17. High Resolution Rendering																					
18. Final Construction Drawings and Specifications (100%)																					
19. Manitoba Housing Approval of Construction Drawings/Specifications																					
20. Confirmation from MB Hydro Approval of New Buildings Program																					
21. Building Permit Application/Approval																					
22. Tender Issue																					
23. Tender Close/award																					
24. Final PDEC submitted to Manitoba Housing																					
25. MHC Financial Assistance Agreement (FAA) Executed																					
26. Registration of MHC Mortgage																					
27. Contract Documents Executed & Submitted to Manitoba Housing																					
28. Manitoba Housing Approval of Insurance and Bonding																					
29. 75% Contingency Submitted for Manitoba Housing Disbursement (per 10% holdback)																					
Phase III: Construction																					
30. Manitoba Housing Sign Installed																					
31. Construction per CCDC-2																					
32. Building Localities Certificate & Zoning Memo (upon completion of work on site)																					
33. Unaudited Statement of Actual Costs																					
34. Interim Occupancy Permit																					
35. Occupancy																					
36. Final Occupancy Permit																					
37. All Risk Property Insurance																					
38. Audited Statement of Actual Costs (within 90 days of Year Completion)																					
39. Release of Manitoba Housing 10% Holdback																					
Project Funding Sources																					
Equity																					
Financing																					
Misc Funding																					
Other																					
Other																					
Other																					
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% of Total																					

This template is a general guide and does not reflect all requirements to complete this Project and is not intended to serve as a complete schedule of list of undertakings.

I certify that this is a true description of the Project as of the date set out below.

Signature of Authorized Officer of the Developer

Date

Mortgage Encumbrance Mortgage of Mortgage/Encumbrance

1. **MORTGAGOR(S)/GRANTOR(S) OF ENCUMBRANCE (Encumbrancee(s))**
 [Insert name and address of Mortgagor] see schedule

2. **LAND DESCRIPTION**
 [Insert legal description(s) of the property or properties]

TITLE NO.(S) [insert title number(s)] MORTGAGE/ENCUMBRANCE NO.(S) see schedule

3. **ENCUMBRANCES, LIENS AND INTERESTS** — The within document is subject to instrument number(s)
 [Insert charge(s) to the property if there is any] see schedule

4. **MORTGAGEE(S)/ENCUMBRANCER(S)** (full legal name and address for service)
 THE MANITOBA HOUSING AND RENEWAL CORPORATION
 200 - 352 DONALD STREET
 WINNIPEG, MANITOBA R3B 2H8 see schedule

5. **TERMS**
 The following terms are incorporated herein: CANADA MORTGAGE AND
 (a) Standard Charge Mortgage Terms filed as Number: 1028245 Name: HOUSING CORPORATION
 (b) The terms and provisions attached hereto as schedule(s) A
 In this instrument, unless otherwise specified, "herein" means this instrument, all schedules to this instrument and the terms referred to in Boxes 5 and 6.

6. **PAYMENT PROVISIONS** see schedule A

(a) Principal amount \$ [Insert amount]				(b) Interest Rate xx % per annum	(c) Calculation Period xxxx			
(d) Interest adjustment date	Y xxxx	M xx	D xx	(e) Payment date and period ON DEMAND	(f) First payment date	Y xxxx	M xx	D xx
(g) Last payment date	Y xxxx	M xx	D xx	(h) Amount of each payment dollars \$	xxxx			
(i) Balance due date	Y xxxx	M xx	D xx	(j) Guarantee mortgage	<input type="checkbox"/>			

Additional provisions see schedule

7. **SIGNATURE OF MORTGAGOR(S)/ENCUMBRANCEE(S)** see schedule

- I am (entitled to be) (an/the) owner of the (land/mortgage/encumbrance of the land).
- As security for performance of all my obligations herein, I hereby (mortgage/encumber) to the (mortgagee/encumbrancer) my interest in the (land/mortgage/encumbrance) of the land.
- I promise to pay the principal amount and interest and all other charges and money hereby secured and to be bound by all the terms herein.
- I acknowledge receipt of a copy of this instrument and all of the terms herein.
- I am of the age of majority.
- The registration of this instrument does not contravene the provisions of The Farm Lands Ownership Act because the within land is not farm land as defined in The Farm Lands Ownership Act.
- The registration of this instrument does not contravene the provisions of The Homesteads Act because the land is not a homestead property.

..... 2015 / /
 witness signature name signature date (YYYY/MM/DD)

..... 2015 / /
 witness signature name signature date (YYYY/MM/DD)

Prior to signing and witnessing this document, please carefully review the notices in Box 8.
 Insert name, position and address of witness below signature. See subsection 72.5(5) of The Real Property Act.

8. IMPORTANT NOTICES

WHO MAY BE A WITNESS to this document: Only those persons specified in section 72.7 of *The Real Property Act* may act as a witness to this document.

NOTICE TO WITNESSES: By signing as witness you confirm that the person whose signature you witnessed:

1. Is either personally known to you, or that their identity has been proven to you.

AND

2. That they have acknowledged to you that they:

- (a) are the person named in this instrument;
- (b) have attained the age of majority in Manitoba; and
- (c) are authorized to execute this instrument.

By virtue of section 194 of *The Real Property Act*, any statement set out in this document and signed by the party making the statement has the same effect and validity as an oath, affidavit, affirmation or statutory declaration given pursuant to *The Manitoba Evidence Act*.

The Mortgage Act provides that the mortgagor can obtain free of charge, from the mortgagee, a statement of the debts secured by this mortgage once every 12 months, or as needed for pay off or sale.

SINGULAR INCLUDES PLURAL AND VICE VERSA WHERE APPLICABLE. In this document "I" or "me" is to be read as including all mortgagors whether individual or corporate.

9. SIGNATURE OF COVENANTOR(S)

see schedule

I acknowledge receipt of a copy of this instrument and all of the terms herein and I agree to perform my obligations herein.

..... 2014 / /
 witness signature name signature date (YYYY/MM/DD)

..... 2014 / /
 witness signature name signature date (YYYY/MM/DD)

10. HOMESTEADS ACT CONSENT TO DISPOSITION AND ACKNOWLEDGEMENT

Note: For consent by widow(er) or surviving common-law partner, see section 22 of *The Homesteads Act*.

I, the spouse or common-law partner of the (mortgagor/encumbrancee), consent to the disposition of the homestead effected by this instrument and acknowledge that:

- 1. I am the first spouse or common-law partner to acquire homestead rights in the property; or
 A previous spouse or common-law partner of the (mortgagor/encumbrancee) acquired homestead rights in the property but those rights have been released or terminated in accordance with *The Homesteads Act*.
- 2. I am aware that *The Homesteads Act* gives me a life estate in the homestead and that I have the right to prevent this disposition of the homestead by withholding my consent.
- 3. I am aware that the effect of this consent is to give up my life estate in the homestead to the extent necessary to give effect to this disposition.
- 4. I execute this consent apart from my spouse or common-law partner freely and voluntarily without any compulsion on the part of my spouse or common-law partner.

..... 2015 / /
 name of spouse or common-law partner signature of spouse or common-law partner date (YYYY/MM/DD)

..... 2015 / /
 name of witness signature of witness date (YYYY/MM/DD)

A Notary Public in and for the Province of Manitoba

A Commissioner for Oaths in and for the Province of Manitoba

My commission expires: _____

Or other person authorized to take affidavits under *The Manitoba Evidence Act* (specify): _____

11. INSTRUMENT PRESENTED FOR REGISTRATION BY (include address, postal code, contact person and phone number)

LAND TITLES OFFICE USE ONLY

SEE ATTACHED LETTER/FAX/ADDITIONAL EVIDENCE FOR BOX(ES) _____

Set for acceptance <input type="checkbox"/>		Fee _____	Registration No. /
Examined by: <input type="checkbox"/>		Fee adjustment _____	
Fees checked <input type="checkbox"/>		<input type="checkbox"/> Extra Fee <input type="checkbox"/> Refund	

ADDITIONAL INFORMATION

SCHEDULE A
(insert letter)

The Mortgagor acknowledges that the Mortgagee agreed to lend monies to the Mortgagor up to the principal amount set out in this Mortgage, on the terms set out in a certain Financial Assistance Agreement between the Mortgagor, as Recipient, and the Mortgagee dated _____, 20____ (the "FAA").

In consideration for making the loan, and as security for repayment of the loan according to the terms of the FAA, the Mortgagor hereby mortgages the land to the Mortgagee.

The following are additional terms of this Mortgage:

1. The Mortgagor agrees that "The Manitoba Housing and Renewal Corporation" replaces "Canada Mortgage and Housing Corporation" wherever it appears in the Standard Charge Mortgage Terms registered as Number 1028245, which are incorporated into and form part of this Mortgage.
2. The Mortgagor agrees that default under, or a breach of, the FAA by the Mortgagor constitutes default under, or a breach of, this Mortgage by the Mortgagor.
3. The Mortgagor agrees that a demand for payment made by the Mortgagee in accordance with the FAA constitutes a demand for payment under this Mortgage.
4. The Mortgagor agrees that it is not entitled to a discharge of this Mortgage until all amounts due and payable to the Mortgagee under the FAA have been fully paid.

This Schedule forms part of a _____ Mortgage _____ *(insert instrument type)*,
dated _____, 20____, *(insert date of that instrument)*
from _____ **[Insert name of Mortgagor]** _____
to _____ The Manitoba Housing and Renewal Corporation _____
[Insert name of Mortgagor]

signature

signature

IMPORTANT NOTICES

By virtue of section 194 of *The Real Property Act*, any statement set out in this document and signed by the party making the statement has the same effect and validity as an oath, affidavit, affirmation or statutory declaration given pursuant to *The Manitoba Evidence Act*.

The date at the bottom of this schedule must be the same as the execution date of the instrument that it forms a part of.

**Please Choose
Audited Statement of Actual Costs**

Please Choose	MHRC Reference Number:
Project Address:	Date of Total Completion:
Please Choose	
Attach separately any further explanations required, as well as a listing of all unpaid accounts as at the date of the auditor's examination, which are included in the capital cost.	

PROJECT COSTS	Approved by MHRC (exclusive of GST)	Actual
Acquisition of Land or Buildings		
1. Purchase Price of Land (and existing structures, if any)		
2. Off-site Servicing (specify)		
3. Legal Services and Disbursements, Land Titles Registration fees and Land Transfer Tax		
4. Surveyor's Fees, Environmental Site Assessment (Incl. Soil Tests and Report)		
5. Zoning variance fees		
6. Appraisal Fees		
7. Other: (specify)		
Sub-total Acquisition of Land or Buildings	0.00	0.00
Design, Financing and Development		
8. Architect/Engineering/other Consulting Fees (specify)		
9. Legal Fees		
10. Development Consultant/Project Management Fees		
11. Insurance During Construction		
12. Interest During Construction		
13. Property Taxes During Construction		
14. Utilities During Construction		
15. Geothermal Feasibility Study		
16. Permits/Other Development Fees (specify)		
17. Rent up (eg. marketing) (specify)		
18. Other: (specify)		
19. Other: (specify)		
Sub-total Design, Financing and Development Costs	0.00	0.00
Construction Costs		
20. Construction		
21. Rehabilitation/Conversion/Demolition		
22. Onsite Servicing		
23. Landscaping		
24. Stoves, refrigerators and laundry equipment		
25. Hard Furnishings (specify)		
26. Maintenance Equipment (specify)		
27. Contingency		
28. Other (specify)		
Sub-total Construction Costs	0.00	0.00
On Completion		
29. Appraisal Fee (of Completed Housing Complex)		
30. Auditor's Fees		
31. Other (specify)		
Sub-total On Completion Costs	0.00	0.00
GST on above Project Costs		
TOTAL APPROVED ESTIMATED PROJECT COSTS	0.00	
RECOVERIES	Approved Estimate	Actual
1. GST ¹		
2. Other (specify)		
Sub-total Recoveries	0.00	0.00
NET ACTUAL PROJECT COSTS (Actual Project Costs less Recoveries)		0.00

PROJECT FUNDING / FINANCING	Approved Estimate	Actual
1. MHRC Loan ²		
2. Approved Lender		
3. Recipient Contribution		
4. Other Funding Source (specify)		
5. Other Funding Source (specify)		
6. Other Funding Source (specify)		
7. Other Funding Source (specify)		
TOTAL PROJECT FUNDING / FINANCING	0.00	0.00

¹ If this is a Manitoba Housing owned project, include 100% of the GST paid on the above expenses. If it is Recipient owned, include any rebates or credits on account of GST which the recipient has received or is entitled to receive on account of the project.
² Actual = total amount received for project costs to the date of this audited statement.

Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.
 In our opinion, this statement presents fairly the Actual Costs of the Project as of the date set out below.

 Auditor's Signature

 Date

 Please Choose

 Date