

Assistance During an Evacuation



In the event that an evacuation of the building is necessary, please indicate if you will require assistance from your unit.

Name: << Leaseholder and Co-Leaseholder >>

Address: <<Address>>

I require assistance.

I authorize Manitoba Housing to add my unit to a list that will be shared with Emergency Services.

Signature: _____

Date: _____

I do not require assistance.

Signature: _____

Date: _____

Your personal information is collected under the authority of the Manitoba Housing Social Housing Rental program and will be used to ensure that you receive assistance with evacuation if needed. 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, 352 Donald Street, Winnipeg, MB, 204-945-3025.