
Canada-Manitoba Housing Benefit – Homelessness Stream

Change of Information 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.

If your circumstances have changed since your approval letter, you are required to complete and submit this form as soon as possible to ensure that you are still eligible and that you are receiving the right amount.

If your circumstances have changed and you do not submit this form, your benefits will be suspended until we receive all required documentation.

If you are renting in Winnipeg, all completed forms can be submitted to End Homelessness Winnipeg:

By email: CMHB@endhomelessnesswinnipeg.ca, or by regular mail at the following address: 807-213 Notre Dame Ave, Winnipeg, MB, R3B 1N3

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

By email: rentsupplement@bnrc.ca or supplement@bnrc.ca, in person by appointment by calling 204- 729-2490 EXT: 116, or by regular mail to the following address: 440 Rosser Avenue, Brandon, MB, R7A 0K3

INSTRUCTIONS AND NEXT STEPS:

- Complete and submit this application with all required documentation attached (see Checklist of required documents on page 2). **Only complete the sections for which there has been a change in your circumstances. All information will be reviewed for accuracy and verified.**
- You will receive a letter in the mail or an email to let you know if your application is approved, denied, or if we require more information from you.

Checklist of Required Documents:

- Completed Change in Information form. The application will not be assessed until all documents are provided.
- 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.
- Change of income (if applicable):** Proof of all income, including amounts. 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), Old Age Security, Resettlement Assistance, any financial assistance, worker's compensation, etc.
- Change in rent and/or utilities (if applicable):** 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 [download and complete a written rent agreement](#) and submit it with your application.
- Change in banking information (if applicable):** Direct Deposit information. If you choose the benefit to be paid directly to your account, fill and attach the Direct Deposit form (last page) with your application.
- Signed Collection, Use and Disclosure of Personal Information form (page 8 and 9).

Complete the following information:

1. I want to report a change in my (check all that apply):

- Contact information, including address (**complete page 4**)
- Rent amount and/or utilities amount (**complete page 5**)
- Income (**complete page 6**)
- Payment of the benefit (**complete page 7**)

OR

- I want to discontinue my benefit / I am no longer eligible (i.e., not paying for rent, no longer receiving EIA or non-EIA rent assist, my income is above the program limit, I no longer live in Manitoba)

Optional: If you want to discontinue your benefit, can you please tell us why:

Only complete the sections for which you have indicated there is a change.

1. Changes in Contact Information:

Provide your new/changed information.

Email: _____

Phone number: _____

Address: _____

City/Town (in Manitoba): _____

Postal Code: _____

If your address has changed, you must complete the Changes in Rent and/or Utilities on the following page.

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. Changes in Rent and/or Utilities:

1. Check the box that applies to your change in rent:

- I have moved and/or my rent has changed
- My utilities have changed

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

- Yes
- No

If not, you are eligible to receive additional funds to assist with utility payments. **Note that direct deposit is the preferred method of payment for the utilities additional payment. Please provide your direct deposit information on the last page of the application.**

If you have circumstances that do not allow for direct deposit, please check the following box:

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

3. Changes to Income:

Eligibility for the CMHB requires all applicants to have a source of income. This includes your EIA budget letter or non-EIA Rent Assist confirmation (if applicable), employment income, Old Age Security, Resettlement Assistance, 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 six 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 six digits and can be found on any communication you have received (e.g.: letters).

No

Indicate your monthly net income:

Income Source(s):

Monthly **net** income:

4. Changes in Payment Information:

1. How would you prefer to receive the benefit payment? **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, check the following box:

- 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 Public 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)

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 is administering the Canada-Manitoba Housing Benefit on behalf of Manitoba Housing. I consent to End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation 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 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 to provide me with housing. I acknowledge that, once submitted, this application becomes the property of End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation.

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 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 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 ensure that they stamp in the noted field.**

_____	_____	_____
Branch Number	Institution Number	Account Number
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">Financial Institution's Stamp</div>		

Section B – Client Authorization

By checking this box, I, _____ (Full name), hereby authorize End Homelessness Winnipeg or Brandon Neighbourhood Renewal Corporation 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 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 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