



manitobahousing

SECONDARY SUITES PROGRAM APPLICATION

A - APPLICANT INFORMATION			
Applicant name:	Last: _____	First: _____	Middle: _____
Telephone number(s):	Home: _____	Work: _____	Cell: _____
S.I.N. _____			
Co-applicant name:	Last: _____	First: _____	Middle: _____
Telephone number(s):	Home: _____	Work: _____	Cell: _____
S. I. N. _____			
B - PROPERTY ADDRESS			
Street no. and name or legal description (lot, concession, township, etc.): _____			
City, Town, or Municipality:	Province:	Postal Code:	
	Manitoba		
C - MAILING ADDRESS (if different from above)			
Street no. and name or legal description (lot, concession, township, etc.): _____			
City, Town, or Municipality:	Province:	Postal Code:	
	Manitoba		
D - PROPERTY INFORMATION			
House type:	<input type="checkbox"/> Single-detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Duplex (over-under)		
Location of proposed secondary suite:	<input type="checkbox"/> Basement suite <input type="checkbox"/> Suite – upper floor of home <input type="checkbox"/> Free standing garden suite	<input type="checkbox"/> Attached to a garage <input type="checkbox"/> Other _____	
How many bedrooms will the secondary suite have?		<input type="checkbox"/> Studio Unit <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom+ <input type="checkbox"/> Other _____	
Has the house received government funded housing assistance for repairs or upgrades before?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, please specify:	Date: _____	Amount received: \$ _____	Account no. (if known): _____

E – DESCRIPTION OF PROPOSED PROJECT

Briefly describe the proposed scope of work required to complete the secondary suite and your estimate of the total project cost (eligible program costs include but are not limited to the cost of construction including materials, labour, applicable taxes, legal fees, application fees, building permits, certificates, drawings, and specifications). If you do not have enough room please write on an additional piece of paper and attach to your application.

F – DECLARATION AND CONSENT

I/We hereby certify that the information given in this application is true, correct and complete; in every respect.

I/We understand that this application does not constitute an agreement on the part of The Manitoba Housing and Renewal Corporation (Manitoba Housing) to provide me/us with financial assistance through the Secondary Suites Program.

I/We understand that, once submitted, this application becomes the property of Manitoba Housing.

I/We understand that we will be required to enter into a Financial Assistance Agreement with Manitoba Housing.

I/We hereby certify that I am/we are Canadian citizen(s) or that I/we have Landed Immigrant status.

I/We hereby certify that I am/we are the owner(s) of the land and buildings that are the subject of this application ("the Property"), and that no other party is a registered owner or has a financial interest in the property except residential mortgages where the prior consent of the mortgagee will be obtained by the applicant.

I/We hereby certify that I/we reside on the property.

I/We hereby acknowledge that any work carried out or started prior to receiving written confirmation of the loan approved from Manitoba Housing will **not be eligible** for funding assistance.

I/We hereby consent Manitoba Housing monitoring the terms and conditions of the Financial Assistance Agreement over the term of the agreement (10 years).

I/We hereby consent to Manitoba Housing and/or its designated representative to carry out any necessary inquiries for the purpose of verifying ownership of the Property and the information in this application.

I/We hereby consent to an inspection, and re-inspection as necessary, of the Property by Manitoba Housing and/or its designated representative(s).

Applicant signature

Co-Applicant signature

Date

G – PROGRAM SURVEY - Optional

Information you provide in this section is being gathered for statistical purposes.

Type of secondary suite being built? New Home Renovation to Existing Home

What is the estimated size of the secondary suite? Number of square feet _____

Who will be occupying the secondary suite?

<input type="checkbox"/> Family member – parent(s)	<input type="checkbox"/> Employee (nanny, etc)
<input type="checkbox"/> Family member – adult child(ren)	<input type="checkbox"/> Friend
<input type="checkbox"/> Family member – other	<input type="checkbox"/> General public
<input type="checkbox"/> Caregiver – not related	<input type="checkbox"/> Don't know
<input type="checkbox"/> Student – not related	<input type="checkbox"/> Other _____

Will the person occupying the secondary suite be someone with special needs or a disability? Yes No Don't know

H. APPLICATION CHECKLIST

Please ensure you have signed the declaration and consent sections of the application and attach the following documents.

Receipted Property Tax statement showing taxes are current.

If you lease your land, we require proof of the leasehold interest.

Please note that applications that are not signed and do not have the attached documentation will not be processed.

If you have any questions or need assistance completing this application please contact 204-945-5566 in Winnipeg or toll-free at 1-866-689-5566 or email us at housing@gov.mb.ca.

Please submit your application to Housing Delivery, Manitoba Housing Main floor – 280 Broadway Winnipeg MB R3C 0R8.



**SECONDARY SUITES PROGRAM
TENANT DECLARATION**

manitobahousing

PROJECT INFORMATION

Protected when completed

APPLICANT NAME	MHRC REFERENCE NO.
PROPERTY OWNER(S)	RELATED MHRC REFERENCE NO.
SUBJECT PROPERTY ADDRESS	

The Secondary Suites Program, through Manitoba Housing, offers assistance to homeowners to create affordable secondary suites for low-income households. In order to determine eligibility for assistance, landlords are required to obtain verification of income for each tenant. This information will be forwarded by the Landlord to Manitoba Housing to ensure compliance with the Secondary Suites Program.

TENANT INFORMATION

TENANT NAME	UNIT NUMBER	UNIT TYPE
MAILING ADDRESS	NO. OF PERSONS LIVING IN THE UNIT	
	ADULTS	CHILDREN

PROGRAM INFORMATION: None of the information provided in this section will qualify or disqualify you for funding under the Secondary Suites Program but is being gathered for statistical purposes.

Gender: M/F Marital Status:
 Have you immigrated to Canada within the last 10 years? If yes, what year did you arrive in Canada?
 Do you or any member of your household have a special need or disability?
 What relationship do you have to the homeowner?
 Is anyone in your household of Aboriginal Ancestry? If so, please indicate which type of Aboriginal Ancestry:
 North American Indian Metis Inuit

INCOME VERIFICATION

PLEASE COMPLETE THIS CHART TO DETERMINE YOUR TOTAL GROSS HOUSEHOLD INCOME.	GROSS ANNUAL INCOME		
	TENANT	CO-TENANT	OTHER HOUSEHOLD MEMBERS
SOURCE OF INCOME			
Yearly gross salary, wages, commissions, part-time and seasonal earnings, etc:			
Child Tax Benefits:			
Employment Insurance benefits:			
Social Assistance, Mother's allowance, Welfare Workers Compensation, etc:			
Pensions, supplements, allowances, annuities, etc:			
Bank interest, investment and dividend income:			
Allimony and child support payments:			
Income from self-employment – Use net income and add on any Capital Cost Allowances (CCA) and depreciation:			
Other income – e.g. net room and board from boarders or income derived from fostering:			
Individual Totals:			
TOTAL GROSS HOUSEHOLD INCOME FROM ALL SOURCES:			

DECLARATION

I/We hereby confirm that I/We are the current renter(s) of this unit and my/our monthly rent is: \$

Services not included in my/our rent are checked below and I/We have provided average costs:

HEAT: WATER: HYDRO: OTHER: TOTAL:

I/We hereby acknowledge that Manitoba Housing reserves the right to request additional information and documentation to verify my/our income.

I/We hereby certify and declare that all the information contained on this form, including income, is true and complete in every aspect.

TENANT SIGNATURE	CO-TENANT SIGNATURE	DATE

Collection of personal information on this form is authorized by s. 36(1) of Manitoba's Freedom of Information and Protection of Privacy Act (the "Act"). Use and disclosure of personal information is necessary to assess compliance with this program. Under the provisions of the Act individuals have the right to protection of, and access to, personal information. For information contact: Access and Privacy Coordinator, Main Floor, 280 Broadway, Winnipeg MB R3C 0R8. Telephone: 945-5566 in Winnipeg and toll-free 1-866-689-5566

