



Project #:

[Today's Date]

[name]
[address]
[city] [province] [postal code]

Re: Notice Rent Supplement Amount
Supplement Terms **[date]** to **[date]**

Dear:

Upon review of the information provided in your Rent Supplement application and following the program objectives, the amount of your supplement will be : **\$0.00**

According to the most recent household gross income reported and assuming you continue to qualify for the one year term as stated above, the Landlord will receive direct payments as follows:

Your portion of the monthly rent is due and payable: _____
Manitoba Housing will cover the balance owing: _____
Total Market Rent _____

Manitoba Housing requires that you report any changes regarding your housing accommodations as they arise:

- The number of individuals living in your home has changed. This includes individuals not living at home for more than one month.
- The household's gross income (before taxes) has increased or decreased. This includes each member of the household.
- The rent owed is not paid for more than two months.
- The day you have scheduled to move out.

Please be reminded that you must re-apply for the Rent Supplement Program on an annual basis. You are encouraged to submit your application, along with document verification, at least four months prior to your supplement end date. This would ensure your application is processed without the disruption of ongoing supplement should you once again become eligible for this program.

Thank you for applying under the Rent Supplement Program and if you have any questions please contact us at (204) 945-3131, Monday to Friday between the hours of 8:30 am to 4:30 pm.

Yours truly,



cc:

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