**HOMELESSNESS RENT SUPPLEMENT PROGRAM**

**EXPRESSION OF INTEREST**

**APPLICATION FORM**

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| **Contact Information** |

Please provide the contact information for the property owner and management company.

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| **Owner name** | Click or tap here to enter text. |
| **Owner phone** | Click or tap here to enter text. |
| **Owner email** | Click or tap here to enter text. |
| **Property management company** | Click or tap here to enter text. |
| **Property management website** | Click or tap here to enter text. |
| **Property manager name** | Click or tap here to enter text. |
| **Property manager phone** | Click or tap here to enter text. |
| **Property manager email** | Click or tap here to enter text. |

Please provide details about the property.

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| **Property Information** |

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| **Property address** | Click or tap here to enter text. |
| **Utilities included in the rent charge** | Click or tap here to enter text. |
| **Heating type** | Click or tap here to enter text. |
| **Building type (motel, low-, mid- or high rise, townhouse)** | Click or tap here to enter text. |
| **Total number of floors** | Click or tap here to enter text. |
| **Elevators** |  |
| **Unit size (studio, one bedroom, etc.) and total number of each** | Click or tap here to enter text. |
| **Current rent for each unit size** | Click or tap here to enter text. |
| **Amenities & fees (A/C, cable, laundry, parking, etc.)** | Click or tap here to enter text. |
| **Number and size of units you are offering for the program** | Click or tap here to enter text. |

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| **Eligibility** |

**NOTE: All items must be checked in order to be eligible for the EO**I.

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| Confirmation that your organization is located and operating in Manitoba and provides services to Manitobans. | YES |
| Confirmation that your organization is registered and in good standing with the Companies Office (not required for exempt organizations) | YES |

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| **Consent to Information** |

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| The personal information collected in this form is required for the administration of the expression of interest (EOI) and will be shared with the EOI advisors and selection committee. The information may also be shared with other government departments/agencies with interests in your project. The information will not be discussed to any other third parties except as allowed by The Freedom of Information & Protection of Privacy Act. Please check the box if you understand and provide consent. | YES |

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| **Manitoba Housing Operating Agreement** |

Please complete this section if the property is or was under an operating agreement with Manitoba Housing.

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| **Program type (Post 85, Section 26/27 or Urban Native)** | Click or tap here to enter text. |
| **Project number** | Click or tap here to enter text. |
| **Expiry date of agreement** | Click or tap here to enter text. |
| **Number of applicants on the waiting list** | Click or tap here to enter text. |

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| |  | | --- | | **Capacity** | | Proponents must have the organizational capacity to take part in the rent supplement program. This includes the ability to provide social housing, work with support groups, and follow program guidelines.  Please use the space below to list any previous programs or projects that demonstrate your group’s experience undertaking projects of similar nature or complexity.   |  | | --- | | Click or tap here to enter text. |   Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |