Manitoba Housing Initiated Move Form



	ce Use Only										
Date Re	eceived:	Receiving	g Office:								
Current Application #:		Move Re									
< <curre< td=""><td><mark>nt App#>></mark></td><td><< Move</td><td>Request #>></td><td></td><td></td><td></td><td></td></curre<>	<mark>nt App#>></mark>	<< Move	Request #>>								
Date:	< <date>></date>										
PERSONAL INFORMATION											
Leaseholder name: < <leaseholder name<="" td=""><td><mark>>>></mark></td><td></td><td></td><td></td></leaseholder>				<mark>>>></mark>							
Co-leaseholder name:		< <co-leaseholder name="">></co-leaseholder>									
Address:		< <address>></address>									
Town/City:		< <city town="">></city>			Postal	code: <	<postal code="">></postal>				
Contact number(s):		Home:			Cell:						
		Work:			Email:						
Leave	a message:	Name			Phone:						
		<u> </u>									
REASO	ON FOR THE MO	OVE									
PARKI	NG										
	u require a parkir	ng stall?	☐Yes	□No							
, , , ,											
SMOK	ING										
Do you	ı prefer a unit des	signated a	as: Smol	king [] Non-sr	moking [No preference				
	are moving to a leed through all com			areas, plea	ase be a	aware pets	must be carried, crated or				
Do you	ı have a pet?		es 🗌	No							
If yes,	will the pet be mo	oving with	you?	Yes [] No						
HOLIE	EHOLD MEMBE	De									
	space is required	_	ousehold men	nbers, plea	se use re	everse side	of this form.				
Name			To T LEASEH	RELATIONSHIP TO THE LEASEHOLDER		BIRTH DATE YYYY-MM-DD					
				I Paseh	nolder						

ADDITIONAL HOUSEHOLD MEMBERS	RELATIONSHIP TO THE	GENDED	_
NAME	LEASEHOLDER	GENDER	BIRTH DATE YYYY-MM-DD
TVAME	<u> </u>		טט-ואוואו
s any member of your household pregnan	t? Yes No		
DICATE PREFERRED LOCATION(S)			
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Signature of Co-leaseholder: Manitoba Housing staff: To be completed by Manitoba Housing staff only	your records in orde otection of Privacy properties. TIPPA). on of personal information in the properties. complete, true, and complete, true.	r to process ye ovisions of The nation, please 5-3025. orrect to the b Date:	contact the Access a est of my knowledge.