



Division/Branch
Address
Town/City MB Postal Code
manitoba.ca/housing

Name
Title
E-mail address
Tel: (204) 945-xxxx
Toll Free: 1-800- if avail
Fax: (204) 945-xxxx

<<Date>>

<<Leaseholder name>>

<<Co-leaseholder name>>

<<Address>>

<<City/town, MB postal code>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

Rent Receipt

Dear << Leaseholder and Co-Leaseholder >>:

This letter is to confirm that << Leaseholder and Co-Leaseholder >> has paid rent to Manitoba Housing.

Amount: \$[[Enter Amount]]
Start Date: [[Enter Start date]]
End Date: [[Enter End date]]
Address: [[Enter Unit address]]

If you have any questions or concerns regarding the above information, please contact our office.

Regards,

<<Sender Name>>

<<Sender Title>>

Tel: <<Sender Tel>>