

Rural Homeownership Program

Evaluation Form - Tenant



APPLICANT TO COMPLETE AND RETURN WITH THE APPLICATION AND INCOME DECLARATION

Information collected on this form will be used for the purpose of evaluating the Rural Homeownership Program only, and will be retained in an anonymous record. Results from the evaluation will assist Manitoba Housing in determining if the program is operating effectively and meeting the needs of Manitobans.

Application Date: _____ / 20__ Date of Birth: _____ (month) ___ (day) ___ (year)
Identify how you became aware of the program: For Sale Sign: ___ Posters: ___ Newspaper: ___ Word of Mouth: ___ Manitoba Housing's Web Site: ___ Other (describe): _____
Relationship Status: Married ___ Common Law ___ Widowed ___ Divorced ___ Separated ___ Single ___
Ancestral Status (Optional): Aboriginal _____ Other _____
Citizenship Status: Canadian Citizen ___ Permanent Resident ___ Other _____

DEPENDENTS (<i>living with you at the time that you move into the house</i>)
No. of children under 16 yrs of age _____ No. of children 16 years or older _____
No. of children working full or part time _____ Other dependents (explain) _____

RESIDENCY
Current Address: City / Town / Village _____ Province _____ Country _____
Specify the length of time you have lived at your current residence: _____
If you have lived in your current residence for <u>six (6) months or less</u> , list the cities, towns, or / and villages and their related provinces and countries in which you have lived for approximate the last three years. _____ _____
Identify your current residency category: Homeowner ___ Renter ___ Shelter ___ or Other (specify) _____
If a homeowner, specify the length of time you have owned your own home: _____
If renting, identify one of the following: House ___ Part of a House ___ Townhouse ___ Apartment Other (explain) _____ Specify your month rent: \$ _____

DISABILITY
Identify and describe whether you or a member of your household is a person with a disability.

FOR USE BY MANITOBA HOUSING ONLY

Applicant ID No.: _____ **Application Received (Date):** _____ / 20__
(month / day / year)

Type of Stream: Chronically Vacant: _____ **In-situ Tenant** _____

Your personal information is collected under the authority of Manitoba Housing programs and will be used for the purpose of evaluating the Rural Homeownership Program. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA). Your personal health information (if applicable) is protected by Protection of Privacy Provisions of The Personal Health Information Act (PHIA). If you have any questions about the collection, contact the Access and Privacy Coordinator at 600 – 352 Donald Street, Winnipeg, MB R3B 2H8 204-945-3025.