

Uninhabitable or Destroyed Unit Move Form



For Office Use Only	
Date Received:	Receiving Office:
Current Application #: <<Current App#>>	Move Request #: <<Move Request #>>

Date: <<Date>>

PERSONAL INFORMATION			
Leaseholder name:	<<Leaseholder name>>		
Co-leaseholder name:	<<Co-Leaseholder name>>		
Address:	<<Address>>		
Town/City:	<<City/town>>	Postal code:	<<Postal code>>
Contact number(s):	Home:	Cell:	
	Work:	Email:	
Leave a message:	Name	Phone:	

REASON FOR THE MOVE:
[[Enter Reason for the Move]]

PARKING
Will you require a parking stall? <input type="checkbox"/> Yes <input type="checkbox"/> No

SMOKING
Do you prefer a unit designated as: <input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking <input type="checkbox"/> No preference

PETS
<i>If you are moving to a building with common areas, please be aware pets must be carried, crated or kenneled through all common areas.</i>
Do you have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will the pet be moving with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD MEMBERS			
NAME	RELATIONSHIP TO THE LEASEHOLDER	GENDER	BIRTH DATE YYYY-MM-DD
	<i>Leaseholder</i>		
Is any member of your household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

INDICATE PREFERRED LOCATION(S)

Your personal information is collected under the authority of the Manitoba Housing Social Housing Rental program and will be used to update your records in order to process your move. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA).

If you have any questions about the collection of personal information, please contact the Access and Privacy Coordinator, 352 Donald Street, Winnipeg, MB, 204-945-3025.

Declaration

I certify that the information given here is complete, true, and correct to the best of my knowledge.

Signature of Leaseholder: _____ Date: _____

Signature of Co-leaseholder: _____ Date: _____

Manitoba Housing staff: _____ Date: _____

To be completed by Manitoba Housing staff only:

Current number of bedrooms: << # >>	Eligible number of bedrooms: << # >>
Approved by: _____	Position: _____