



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>>

Tenancy Reference: <<Tcy Ref>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

Subsidy Adjustment Approved

Dear << Leaseholder and Co-Leaseholder >>:

A review of the household income was completed and the household qualifies for an adjustment. Please find enclosed the Subsidy Notice and Agreement stating your new total monthly payable effective **[[Enter Adjustment effective date 1st of the month following the request:]]**.

As of **[[Adjustments are for 3 months. Enter Date the adjustment will expire: MM DD, YYYY]]** your total monthly payable will return to **\$[[Total Monthly Payable prior to the adjustment: \$\$\$]]**. If you require a continued adjustment, you must make a request before this date.

It is important that rent payments are received in full on or before the first of the month as set out in your Tenancy Agreement.

If you have any questions or concerns, please contact me.

Regards,

<<Sender Name>>

<<Sender Title>>

Tel: <<Sender Tel>>

Encl.: Subsidy Notice and Agreement