SCHEDULE OF AFFORDABLE RENTAL UNITS

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APPLICANT NAME		PROPERTY ADDRESS			PERIOD		
						FROM DD, MMM,Y	YYY TO DD, MMM,YYYY
Unit #	Unit Type	Tenant Name/ Vacant and available as affordable		Rent includes all Services*	Tenant meets t Program Incon Limit	Current Month	y # of eligible months**
101,etc	No of bedrooms	Name of person on the lease		Yes or No	Yes or Vacant	Monthly Rent Charged	
I declare th	 nat;						
□ *F¢	or rents identified as i	ncluding utilities - heat, water and	gas are all included in th	ne monthly rent amo	ount stated above.		
☐ No	one of the above Tena	ants are related to any of the owne	rs of the housing project				
an	d the tenant's income	been determined based on the undes es meet the Program Income Limits below the Affordable Housing Rent	(PIL) as stipulated by M	anitoba Housing. If	the unit is vacant, it		
		Applicant Signature				 Date	