



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>>

Receipt of Application - Missing Information

Dear << Leaseholder and Co-Leaseholder >>:

This letter is to confirm that your application for the Social Housing Rental Program has been received. Unfortunately, we are unable to process your application at this time. Additional information is required to determine your eligibility for the program.

Please contact our office by **[[Date application to be returned: (10 business days from letter date MMMM DD, YYYY)]]**. If we do not hear from you by this date we will conclude that you no longer require housing and your application will be cancelled.

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

Regards,

<<Sender Name>>

<<Sender Title>>

Tel: <<Sender Tel>>