



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_RefNo.>>

Client ID: <<Client ID>>

Client ID: <<Client ID>>

Over or Under Housed

Dear << Leaseholder and Co-Leaseholder >>:

Manitoba Housing strives to match tenants with a unit having the appropriate number of bedrooms to meet their housing needs. The number of bedrooms is based on the number of people living in the unit, their age and gender.

It has come to our attention that there has been a change to your household and you no longer qualify for the unit you are living in. We will work with you to discuss your housing options.

Please complete and return the enclosed Over or Under Housed Move Form by **[[Move Form must be returned by: Enter date - 30 business days from date of letter]]**. If we do not receive the completed form by the required date you may be putting your subsidy at risk.

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

Regards,

<<Sender Name>>

<<Sender Title>>

Tel: <<Sender Tel>>

Encl.: Over or Under Housed Form