



**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>>

## Interview Set-up

Dear << Leaseholder and Co-leaseholder >>:

Manitoba Housing would like to discuss the next steps of the application process with you. This includes verification of the information you provided on your application for the Social Housing Rental Program.

Please contact our office by **[[Enter date to contact MH office: 10 business days from letter date]]** to proceed with your application. If we do not hear from you by this date, your application will be cancelled.

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

Regards,

<<Sender Name>>

<<Sender Title>>

Tel:<<Sender Tel>>