



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 No>>
Client ID: <<Client ID>>
Client ID: <<Client ID>>

Unit Alteration Approved

Dear << Leaseholder and Co-Leaseholder >>:

We have reviewed your request to make alterations to the unit located at <<Unit address>>. Your request to **[[Enter alteration request to: (widen the doorway, install a wheel chair ramp, install a lift, etc)]]** has been approved.

Please contact our office at your earliest convenience to schedule an appointment to sign the Unit Alterations Agreement. Alterations to the unit must not begin prior to this Agreement being signed.

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

Regards,

<<Sender Name>>
<<Sender Title>>
Tel:<<Sender Tel>>