



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>>

Unit Alteration Request

Dear << Leaseholder and Co-Leaseholder >>:

This letter is to acknowledge that you have requested permission to make the following alterations to your unit at << Unit address>>:

[[Enter alteration request to: (widen the doorway, install a wheel chair ramp, install a lift, erect a play structure, etc)]].

Additional information is required prior to processing your request. Please provide the information checked below:

- Letter from a medical practitioner that supports the need for the requested alterations.
- Scope of work from an authorized contractor detailing the specifications of the work to be completed. Please note that all work must meet applicable code requirements.
- Description and picture of item

You will be notified of our decision within ten business days from the date the required documentation is received. Work must not begin prior to written approval being provided by Manitoba Housing.

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

Regards,

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