



**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>>

## Live-In Caregiver Pending

Dear << Leaseholder and Co-leaseholder >>:

To date, we have not received sufficient information to process your request for a live-in caregiver. Before processing your request we require the following documentation:

- Medical Information Form or a signed statement from a medical professional confirming the need for a caregiver to reside with the tenant.
- Primary Caregiver Tax Credit Level of Care Equivalency Guideline form completed by a medical professional showing that the tenant requires a caregiver.  
[http://www.gov.mb.ca/finance/tao/pubs/caregiver/level\\_of\\_care.pdf](http://www.gov.mb.ca/finance/tao/pubs/caregiver/level_of_care.pdf)
- Proof of Primary Residence (*see checklist*)
- Letter from Canada Revenue Agency that the caregiver has been approved to receive the Primary Caregiver Tax Credit. Not applicable to professional caregiver such as a nurse or care worker.

Please submit this information by **[[Enter date to return documents: 10 business days from letter date]]**.

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

Regards,

<<Sender Name>>

<<Sender Title>>

Tel: <<Sender Tel>>

Encl.: Medical Information Form

Proof of Primary Residence Checklist

Level of Care Equivalency Guideline Form