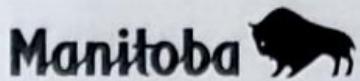


Re-Application / Demande de renouvellement Rent Assist / Allocation pour le loyer



Application ID / No de la demande: 471555

This information is available in alternate formats upon request. Department of Families is collecting your personal information to determine your eligibility for benefits.

Ces renseignements sont offerts dans de multiples formats sur demande. Ministère des familles recueille vos renseignements personnels afin de déterminer votre admissibilité aux allocations-logement.

A. Household Information / Renseignements sur le ménage

Residence Address / Adresse du domicile

HIREN RATILAL PATEL
B7-1530B 20TH ST
BRANDON MB R7B 2M6

Telephone / Téléphone

(204) 922-3510

Email / Courriel

hirenpatel6777@gmail.com

Report any changes / Signalez tout changement

Last Name / Nom de famille	Given Names / Prénoms
—	—
Home address or mailing address / Adresse du domicile ou adresse postale	
—	—
Telephone / Téléphone	
—	—
Email / Courriel	
—	—

Mailing Address / Adresse Postale

HIREN RATILAL PATEL
B7-1530B 20TH ST
BRANDON MB R7B 2M6

Do you or any other adult in your household have an outstanding warrant? If "yes", you may need to produce confirmation that you have dealt with your warrant with the courts in order to continue with this application.

Est-ce que vous, ou un autre adulte de votre ménage, faites l'objet d'un mandat non exécuté? Si la réponse est « oui », vous pourriez devoir confirmer que votre mandat a été réglé devant les tribunaux afin de poursuivre votre demande.

Yes / Oui

No / Non

Do you receive or have you applied for Manitoba Employment and Income Assistance for yourself, your spouse or common law partner, or for your dependent children?

Note: If you get EI Health Benefits only check "no."

Recevez-vous des prestations d'aide à l'emploi et au revenu pour vous-même, votre conjoint ou conjoint de fait ou vos enfants à charge; ou avez-vous fait une demande visant ces prestations pour vous-même, votre conjoint ou conjoint de fait ou vos enfants à charge?

Remarque : Si vous ne recevez que des prestations pour services de santé, cochez « non ».

Yes / Oui

No / Non

Citizenship / Citoyenneté

Canadian Citizen / Citoyen canadien

Landed Immigrant / Statut d'immigrant admis

Refugee / Statut de réfugié

Living in Manitoba under a Student Study Permit or Work Permit / Personne habitant au Manitoba en vertu d'un permis d'études ou de travail

Marital Status / État matrimonial

Single / Célibataire

Married / Marié (e)

Common-law /
Conjoint de fait

Widowed / Veuf ou veuve

Separated / Séparé(e)

Divorced / Divorcé(e)

Has anyone aged 18 or older in your household been enrolled as a post-secondary student in the last six months, or will they be in the next six months?

Est-ce qu'un membre de votre ménage âgé de 18 ans et plus a fait des études postsecondaires au cours des six derniers mois ou le fera au cours des six prochains mois?

Yes / Oui

No / Non

Co-applicant information / Renseignements sur le codemandeur

Name / Nom : Swetaben Hiren Patel

Birthdate / Date de naissance : 1991-Sep-20

Other persons in household / Autres habitants dans le même foyer Report any changes / Signalez tout changement

Name / Nom	Birthdate / Date de naissance	Last Name / Nom de famille	Given Names / Prénoms	Birthdate / Date de naissance
		Patel	Hirva Hiren	March/13/2023

B. Rental Information / Renseignements sur la location

Has your address/rental situation changed in the last year?

Votre adresse ou votre situation de location ont-elles changé l'année dernière?

 Yes / Oui No / Non

If Yes, provide copy of lease. / Si la réponse est « oui », veuillez fournir une copie du bail.

Total Monthly Rent / Total du loyer mensuel : \$ 875

Tenancy Period / Période de location : month to month Start Date / Date de début : 01/OCT/2021

Property Management or Landlord Contact Name / Personne-ressource de l'agence immobilière ou du locateur: Prakashant KUMAR Thakkar	Landlord Address / Adresse du locateur: 61 White Ash Dr Brandon, MB R7A 7T1	Landlord Telephone Number / No de téléphone du locateur : 204-761-6001
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Income Verification / Vérification du revenu

You must include your "Proof of Income Statement (Option C print)" with this re-application. If there are other people in your household over the age of 18, you must include their "Proof of Income Statement (Option C print)". This form may be obtained by calling Canada Revenue Agency at 1-800-959-8281.

If the re-application is between **January 1 and June 30**, provide your "Option C print" **from two years ago**.
If the re-application is between **July 1 and December 31**, provide your "Option C print" from the previous taxation year (last year).

If you were in receipt of a training/education allowance during that taxation year, provide a copy of your awards summary from your funder.

Income for all people over 18 years of age in the household will be considered towards the calculation of the Rent Assist benefit.

Vous devez joindre à la présente demande de renouvellement une copie de votre « Relevé – Preuve de revenu (imprimé de l'option 'C') ». Si votre ménage compte d'autres personnes de plus de 18 ans, veuillez inclure des copies de leur document « Relevé – Preuve de revenu (imprimé de l'option 'C') ». Vous pouvez obtenir ce document en appelant l'Agence du revenu du Canada au 1 800 959-7383.

Si la demande de renouvellement est faite entre le **1er janvier et le 30 juin**, veuillez fournir votre document « Imprimé de l'option 'C' » **d'il y a deux ans**.

Si la demande de renouvellement est faite entre le **1er juillet et le 31 décembre**, veuillez fournir votre document « Imprimé de l'option 'C' » correspondant à la précédente année d'imposition (l'année dernière).

Si vous avez perçu des allocations de formation ou d'études durant cette année d'imposition, veuillez fournir une copie du sommaire des montants accordés délivré par votre organisme payeur.

Les revenus de toutes les personnes de 18 ans ou plus qui font partie du ménage seront pris en compte dans le calcul de l'allocation pour le loyer.

D. Rent Assist Consent Form

I/We hereby apply for Rent Assist under The Manitoba Assistance Act (Manitoba). I/We certify that the information contained in this application for Rent Assist under The Manitoba Assistance Act (Manitoba) is true to the best of my/our knowledge and belief. I/we have not concealed or omitted information needed to establish eligibility for Rent Assist under The Manitoba Assistance Act (Manitoba). I/we hereby declare that the information contained herein is true and accurate in all respects knowing that it is of the same force and effect as if made under oath pursuant to The Manitoba Evidence Act.

I/we understand that if I/we fail to meet with any or all conditions as set out in this application, provide false or misleading information, I/we can be disqualified from receiving any Rent Assist and shall, upon request by the Government of Manitoba, be required to repay in whole or in part any benefit amounts paid on my/our behalf related to this or any previous Rent Assist application.

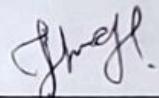
If this application is accepted, I/we acknowledge my/our legal obligation to notify the administering office immediately of any change(s) in my/our circumstances, including any change in residential address or receipt of Employment and Income Assistance monthly benefits and all such other information which may affect my/our benefits or eligibility under The Manitoba Assistance Act (Manitoba).

I/we hereby authorize any person, agency or organization, including federal, provincial or municipal government authority (such as Employment and Social Development Canada, Citizenship and Immigration Canada, Manitoba Public Insurance or the Workers Compensation Board of Manitoba), or any bank, credit union or financial institution to release to the Minister responsible for The Manitoba Assistance Act (Manitoba), or the Minister's representative(s), information required for the purpose of determining or verifying eligibility for Rent Assist under The Manitoba Assistance Act (Manitoba). Without restricting the generality of the foregoing, I/we understand this authorization may include requests for information pertaining to my/our marital status, income or family status and benefits received under other programs or any other relevant personal information.

I/we understand that the information provided to Rent Assist will be reviewed and this application may be returned or additional information may be required based upon that review. I/we understand that late applications may affect the amount of benefits to be paid on my/our behalf.

Hiren Ratinal Patel

Applicant (print name)



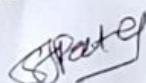
Applicant's signature

29 OCT 2022

Date

Swetaben Hiren Patel

Spouse/Co- Applicant (if applicable)
(Print name)



Spouse / Co-applicant's signature

29 OCT 2022

Date

Hirva Hiren Patel

Third Co-applicant (if applicable)

-

Third Co-applicant's signature

29 OCT 2022

Date

Formule de consentement de l'allocation pour le loyer

Par la présente, je fais (nous faisons) une demande d'allocation pour le loyer en vertu de la Loi sur les allocations d'aide du Manitoba. J'atteste (Nous attestons) que les renseignements fournis dans la présente demande d'allocation pour le loyer, faite en vertu de la Loi sur les allocations d'aide du Manitoba, sont exacts à ma (notre) connaissance. Je n'ai (nous n'avons) pas dissimulé ni omis des renseignements nécessaires à la détermination de mon (notre) admissibilité à l'allocation pour le loyer au titre de la Loi sur les allocations d'aide du Manitoba. Je déclare (Nous déclarons) que les renseignements ci-inclus sont exacts et complets à tous les égards, et que je fais (nous faisons) cette déclaration sachant qu'elle a la même force et le même effet que si elle était faite sous serment en vertu de la Loi sur la preuve au Manitoba.

Je comprends (Nous comprenons) que si je ne respecte (nous ne respectons) pas toutes les conditions énoncées dans la présente demande et que si je donne (nous donnons) des renseignements faux ou trompeurs, je risque (nous risquons) de ne plus être admissible(s) aux allocations pour le loyer et je peux (nous pouvons) être tenu(s), à la demande du gouvernement du Manitoba, de rembourser, en tout ou en partie, toute somme versée en mon (notre) nom relativement à la présente demande d'allocations pour le loyer, ou à toute autre demande antérieure.

Si la présente demande est approuvée, j'accepte (nous acceptons) l'obligation légale d'aviser le bureau d'administration de tout changement dans ma (notre) situation, y compris tout changement concernant l'adresse résidentielle ou la perception d'allocations mensuelles de l'Aide à l'emploi et au revenu et de tout autre renseignement qui pourrait avoir un effet mes (nos) allocations ou sur mon (notre) admissibilité en vertu de la Loi sur les allocations d'aide du Manitoba.

J'autorise (nous autorisons) toute personne ou organisme, y compris les autorités fédérales, provinciales ou municipales (comme Emploi et Développement social Canada, Citoyenneté et Immigration Canada, la Société d'assurance publique du Manitoba ou la Commission des accidents du travail du Manitoba), ou toute banque, credit union ou institution financière, à communiquer au ministre responsable de la Loi sur les allocations d'aide du Manitoba, ou à ses représentants, tout renseignement nécessaire à la détermination ou à la vérification de l'admissibilité à l'allocation pour le loyer en vertu de la Loi sur les allocations d'aide du Manitoba. Sans que soit limitée la portée générale de ce qui précède, je comprends (nous comprenons) que cette autorisation peut s'appliquer à des demandes de renseignements concernant mon (notre) état matrimonial, mes (nos) revenus, ma (notre) situation familiale ainsi que les prestations obtenues dans le cadre d'autres programmes ou tout autre renseignement personnel jugé pertinent.

Je comprends (nous comprenons) que les renseignements fournis au Programme d'allocation pour le loyer seront étudiés et que le personnel du Programme pourra me (nous) renvoyer la présente demande ou exiger des renseignements supplémentaires à la suite de son étude. Je comprends (nous comprenons) que tout retard dans la réception de ma (notre) demande peut avoir des répercussions sur le montant des allocations devant être versées en mon (notre) nom.

Demandeur (nom en lettres moulées)

Signature du demandeur

Date

Conjoint ou codemandeur (le cas échéant)
(nom en lettres moulées)

Signature du conjoint ou codemandeur

Date

Troisième codemandeur (le cas échéant)
(nom en lettres moulées)

Signature du troisième codemandeur

Date

E. Manitoba-Canada Revenue Agency Consent Form

I/we hereby consent to the release, by the Canada Revenue Agency to an official of the Province of Manitoba, information from my/our income tax returns, Canada Child Benefit and if applicable, other required taxpayer information about me/us. The information will be relevant to, and used solely for the purpose of determining and verifying my/our eligibility and entitlement for Rent Assist benefits, under *The Manitoba Assistance Act (Manitoba)*, and will not be disclosed to any other person or organization without my approval.

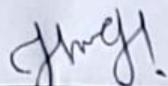
This authorization is valid for up to two taxation years prior to the date of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested.

I/we understand that, if I/we wish to withdraw this consent, I/we may do so at any time by writing to Manitoba Family Services.

Applicant

Hiren Patel

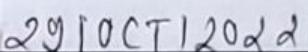
Applicant's name (print name)



Applicant's signature

689 352 722

Social Insurance Number

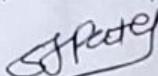


Date

Spouse/Co-Applicant (if applicable)

Swetaben Patel

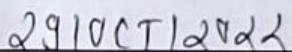
Spouse's/Co-applicant's name: (print name)



Spouse's/Co-applicant's signature

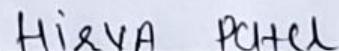
689 352 755

Social Insurance Number

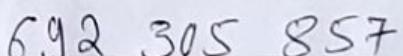


Date

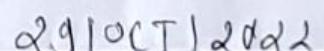
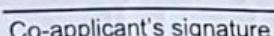
Third Co-Applicant (if applicable)



Co-applicant's name: (print name)



Social Insurance Number



Date

Department of Families
Employment, Income and Health Supports Branch
Income Supplement Programs
100 - 114 Garry Street, Winnipeg, MB R3C 4V4
Telephone: 204-948-7368 Fax: 204-945-3930
Toll Free: 1-877-587-6224
E-mail: incsup@gov.mb.ca

Formule de consentement de l'Agence du revenu du Canada - Manitoba

Je consens (nous consentons) à ce que l'Agence du revenu du Canada communique à un représentant de la Province du Manitoba des renseignements sur mes (nos) déclarations de revenus et, prestations canadiennes pour enfants et, le cas échéant, tout autre renseignement fiscal requis me (nous) concernant. Ces renseignements doivent être de nature pertinente et servir seulement à déterminer et à vérifier mon (notre) admissibilité et mon (notre) droit aux allocations pour le loyer en vertu de la *Loi sur les allocations d'aide du Manitoba*. Ils ne peuvent être divulgués à aucune autre personne ni aucun autre organisme sans mon consentement.

Cette autorisation est valable durant un maximum de deux années d'imposition précédent l'année de sa signature, durant l'année où la demande est signée, et durant toutes les années d'imposition ultérieures consécutives visées par la demande d'aide.

Je comprends (nous comprenons) que si je souhaite (nous souhaitons) retirer ce consentement, je peux (nous pouvons) le faire en tout temps en écrivant à Services à la famille Manitoba.

Demandeur

Hiren Patel

689 352 722

Nom du demandeur (en lettres moulées)

Numéro d'assurance sociale

Signature du demandeur

Date

Conjoint ou codemandeur (le cas échéant)

Swetaben Patel

689 352 755

Nom du conjoint ou du codemandeur
(en lettres moulées)

Numéro d'assurance sociale

Signature du conjoint ou codemandeur

Date

Troisième codemandeur (le cas échéant)

Nom du codemandeur (en lettres moulées)

Numéro d'assurance sociale

Signature du codemandeur

Date

Ministère des Familles

Soutien de l'emploi, du revenu et de la santé

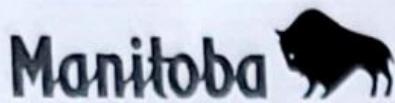
Programmes de supplément de revenue

114, rue Garry, bureau 100, Winnipeg (Manitoba) R3C 4V4

Tél. : 204-948-7368 Téléc. : 204-945-3930

Sans-frais : 1-877-587-6224

Courriel : incsup@gov.mb.ca



Department of Families
Employment, Income and Health Supports Branch
Income Supplement Programs
100 - 114 Garry Street, Winnipeg, MB R3C 4V4
Telephone: 204-948-7368 Fax: 204-945-3930
Toll Free: 1-877-587-6224
E-mail: incsup@gov.mb.ca

NOTE: ALL DOCUMENTS MUST BE RECEIVED WITH YOUR APPLICATION BEFORE IT CAN BE PROCESSED

RENT ASSIST RE-APPLICATION CHECK LIST

DOCUMENTS THAT MUST BE INCLUDED WITH THIS RE-APPLICATION

Note: If there are other people in your household over the age of 18, you must include any of the documents listed below that apply to their income situations.

- If you have dependent children, include a copy of your current Canada Child Benefit notice.
If you do not have a copy, this form may be obtained by calling Canada Revenue Agency at 1-800-387-1193.
- Include a "Proof of Income Statement (Option C print)" of your last year's income tax return.
You can obtain this document by:
 - Login to your CRA "My Account" to view and immediately print your "Option C print". If you do not have a CRA My Account, you can register at: <http://www.cra.gc.ca/myaccount>
 - Calling CRA's automated Tax Information Phone Service (TIPS) at 1-800-267-6999 and selecting option 4. You will need your social insurance number; date of birth; postal code and the total income entered on line 150 of the tax year being requested.
<http://www.cra-arc.gc.ca/esrvce-srvce/tps/menu-eng.html>
 - Contact CRA directly at 1-800-959-8281 to request your "Option C print" to be mailed directly to you.
- If you are a student include copies of award letters for all study related income such as bursaries, grants and scholarships, student loans, or an income statement if you receive a training allowance.

*******MAKE SURE YOU HAVE SIGNED THE APPLICATION FORM*******

Note: If this reapplication has been completed by an applicant's Power of Attorney or Substitute Decision Maker, please include a copy of the document(s) that verifies this authority.

PLEASE NOTE: Only complete applications will be accepted. Your December 2022 benefit payment may be delayed if your re-application and these documents are not received 6 weeks prior to December 2022. If your re-application is not received, your file may be closed due to non-response.

**REMARQUE : POUR ÊTRE TRAITÉE,
VOTRE DEMANDE DOIT ÊTRE REÇUE
ACCOMPAGNÉE DE TOUS LES
DOCUMENTS EXIGÉS**

ALLOCATION POUR LE LOYER

LISTE DE VÉRIFICATION POUR LA DEMANDE DE RENOUVELLEMENT

DOCUMENTS À JOINDRE À LA DEMANDE

Remarque : Si votre ménage comprend d'autres adultes de plus de 18 ans, vous devez joindre les documents ci-dessous qui sont liés à leur revenu.

- Si vous avez des enfants à charge, veuillez joindre une copie de votre dernier avis de Prestation fiscale canadienne pour enfants. Si vous n'avez pas ce document, vous pouvez l'obtenir en appelant l'Agence du revenu du Canada, au 1 800 387-1193.
- « Relevé – Preuve de revenu (imprimé de l'option 'C') » de votre déclaration de revenus de l'année dernière. Voici les façons d'obtenir ce document:
 - Ouvrez une session dans *Mon dossier de l'ARC* pour consulter et imprimer immédiatement votre « Imprimé de l'option 'C' ». Si vous n'êtes pas inscrit à *Mon dossier de l'ARC*, vous pouvez le faire au www.arc.gc.ca/mondossier <http://www.cra-arc.gc.ca/esrvce/srvce/tx/ndvdls/myccnt/menu-fra.html>.
 - Appelez le Système électronique de renseignements par téléphone de l'ARC, au 1 800 267-6999, et sélectionnez l'option 4. Vous aurez besoin de votre numéro d'assurance sociale, de votre date de naissance, de votre code postal et du revenu total indiqué à la ligne 150 de votre déclaration de revenus pour l'année visée par la demande (<http://www.cra-arc.gc.ca/esrvce/srvce/tps/menu-fra.html>)
 - Communiquez directement avec l'ARC, au 1 800 959-8281, pour demander que votre « Imprimé de l'option 'C' » vous soit envoyé par la poste.
- Si vous êtes aux études, joignez des copies des lettres d'attribution pour tous vos revenus liés aux études (bourses, subventions, prêts aux étudiants, etc.) ou un état du revenu si vous recevez une allocation de formation.

*****N'OUBLIEZ PAS DE SIGNER LE FORMULAIRE DE DEMANDE*****

Remarque : Si le formulaire a été rempli par une personne chargée de la procuration ou de la subrogation pour le demandeur, veuillez inclure une copie des documents attestant l'autorité pertinente.

REMARQUE : Le paiement de votre prestation de décembre 2022 pourrait être retardé si votre demande de renouvellement et les documents exigés ne sont pas reçus d'ici 6 semaines avant le début de décembre 2022. Si votre demande de renouvellement n'est pas reçus, votre dossier peut être fermé pour cause d'absence de réponse.

Form 4
Renewal of Tenancy Agreement

Note to Tenant:

You may continue to occupy your rental unit. If you want to renew your tenancy agreement, you must sign this form and return it to the landlord by 10/05/2021. (date)

If the landlord has applied for, or plans to apply for, a rent increase above the guideline, you may sign this agreement and still have the right to end your tenancy with notice of two rental payment periods. Your right to give notice is in effect from the date you receive notice that the landlord is applying for a rent increase above the guideline until 14 days after you receive a decision from the Residential Tenancies Branch or Residential Tenancies Commission.

This Renewal Agreement is made in duplicate between:

Prashantkumar Thakkar, Sarika Thakkar , Samirkumar Patel & Dipika Patel (61 White ash Dr,
Brandon Mb - R7A 7T1 (204-761- 6001), the Landlord
Legal name, address and telephone number of landlord

and

Hiren Ratilal Patel & Swetaben Hiren Patel, the Tenant
Name of tenant

The landlord and tenant agree to renew the Tenancy Agreement respecting the rental unit located at:

B7 - 1530 20th Street Brandon Mb - T7B2M6

Address

for a fixed term beginning on 1st October, 20 21 and ending on Month To Month, 20
(date) (date)

at the following rent:

Basic Rent:	\$ <u>875.00</u>
For <u> </u> parking spaces:	\$ <u>0.00</u>
Other (specify): <u> </u>	\$ <u>0.00</u>
Rent Payable	\$ <u>875.00</u>
Less Rent Discount*	\$ <u>0.00</u>
Actual Amount Tenant Must Pay:	\$ <u>875.00</u>

(Complete this section if a rent increase on the rental unit is due before the date this agreement ends.)

- The landlord plans to increase the rent by the annual rent increase guideline on (date) _____ . The landlord must provide the tenant with a Notice of Rent Increase at least 3 months before the rent is increased.
- The landlord plans to apply for a rent increase above the guideline to increase the rent on (date) _____. The proposed Rent Payable will be \$ _____. The landlord must provide the tenant with a Notice of Rent Increase at least 3 months before the rent is increased.

(Complete this section if there is a rent discount.)

*Rent Discount

A landlord is not required to offer a rent discount, but if a discount is given, it must be set out in writing. Reducing or removing a rent discount is not considered a rent increase under *The Residential Tenancies Act*. However, an unconditional discount cannot be reduced or removed unless the tenant receives written notice of at least 3 months. If a tenancy agreement or discount agreement is for a fixed term, a landlord cannot reduce or remove an unconditional discount during the term of the agreement. If a discount is subject to a condition, e.g. paying the rent on time, the landlord can withdraw it without notice if the tenant does not meet the condition.

The landlord is offering a rent discount of \$ _____ subject to the following conditions:

(Provide details of any conditions – add additional pages if necessary)

- Discount is the same as last year's or increased by \$ _____ .
- Discount is reduced by \$ _____ .
- Discount is removed.
- The proposed Rent Payable is subject to an application to the Residential Tenancies Branch for an above-guideline rent increase. The discount may be reduced or removed depending on the final decision on the landlord's application.
- In any event, the Actual Amount Tenant Must Pay will not exceed \$ _____ .

Signatures

26/SEP/2021
Date

Prashant Kumar Thakkar
Sanika Thakkar
Dipika Patel
Samir Kumar Patel

Print name of landlord

*Prashant
Sanika
Dipika
Samir*

Signature of landlord

02/OCT/2021
Date

Hiren R. Patel
Print name of tenant

*Hiren R.
Patel*

Signature of tenant

02/OCT/2021
Date

Swetaben H. Patel
Print name of tenant

*Swetaben H.
Patel*

Signature of tenant

Note: If the unit is registered as a condominium, the unit may be sold. If it is sold and the purchaser wants to move in, the tenant may be given notice to move, subject to this agreement and any rights the tenant may have under *The Condominium Act*.



WINNIPEG MB R3C 3M2

000268935

HIREN R PATEL
B7-1530B 20TH ST
BRANDON MB R7B 2M6

Notice details

Social insurance number	XXX XX2 722
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Tax year	2021
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Date issued	Mar 21, 2022
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NZ67MM9Q

Notice of assessment

We assessed your 2021 income tax and benefit return and calculated your balance.

You have a refund of **\$39.67**.

We will deposit your refund into your bank account.

Thank you,

Bob Hamilton
Commissioner of Revenue

Account summary

You have a refund in the amount shown below.

Refund: \$39.67

Go paperless!

Get your mail online through **My Account**.

1. Log in at canada.ca/my-cra-account.
2. Select "Manage online mail".

Notice details

HIREN R PATEL
B7-1530B 20TH ST
BRANDON MB R7B 2M6

Social insurance number	XXX XX2 722
Tax year	2021

Tax assessment

We calculated your taxes using the amounts below. The following summary is based on the information we have or you gave us.

We may review your return later to verify income you reported or deductions or credits you claimed. For more information, go to canada.ca/taxes-reviews. Keep all your slips, receipts, and other supporting documents in case we ask to see them.

Summary

Line	Description	\$ Final amount	CR/DR
15000	Total income	36,455	
	Deductions from total income	149	
23600	Net income	36,306	
26000	Taxable income	36,306	
35000	Total federal non-refundable tax credits	2,600	
61500	Total Manitoba non-refundable tax credits	1,315	
42000	Net federal tax	2,845.36	
42800	Net Manitoba tax	2,655.91	
43500	Total payable	5,501.27	
43700	Total income tax deducted	4,657.19	
45300	Canada workers benefit	883.75	
48200	Total credits	5,540.94	
	Total payable minus Total credits	39.67	CR
	Balance from this assessment	39.67	CR
Direct deposit		39.67	CR

Explanation of changes and other important information

We will automatically calculate your goods and services tax/harmonized sales tax credit based on your family net income, marital status, and qualified children. If you qualify for any credit for July 2022 to June 2023, we will let you know in July.

Your Canada training credit limit for next year is \$250.00. This credit will expire at the end of the year you turn 65 or the year of death.

Notice details

HIREN R PATEL
B7-1530B 20TH ST
BRANDON MB R7B 2M6

Social insurance number	XXX XX2 722
Tax year	2021

If you have any questions about your assessment, please call our Individual Tax and Enquiries line at 1-800-959-8281.

RRSP deduction limit statement

References to RRSP contributions also include contributions to your pooled registered pension plan (PRPP) and to your and your spouse's or common-law partner's specified pension plan (SPP). For more information, go to canada.ca/rrsp or see Guide T4040, RRSPs and Other Registered Plans for Retirement.

Description	\$ Amount
RRSP deduction limit for 2021	2,001
Minus: Employer's PRPP contributions for 2021	0
Minus: Allowable RRSP contributions deducted for 2021	0
Plus: 18% of 2021 earned income, up to a maximum of \$29,210	6,561
Minus: 2021 pension adjustment	0
Minus: 2022 net past service pension adjustment	0
Plus: 2022 pension adjustment reversal	0
RRSP deduction limit for 2022	8,562
Minus: Unused RRSP contributions previously reported and available to deduct for 2022	0
Available contribution room for 2022	8,562

Note: If your available contribution room is a negative amount (shown in brackets), you have no contribution room available for 2022 and may have over contributed to your RRSP. If this is the case, you may have to pay a 1% monthly tax on any excess contributions.

More information

If you need more information about your income tax and benefit return, go to canada.ca/taxes, go to My Account at canada.ca/my-cra-account, or call 1-800-959-8281.

To find your tax centre, go to canada.ca/cra-offices.

If you move

Let us know your new address as soon as possible. For more information on changing your address, go to canada.ca/cra-change-address.

If you have new or additional information and want to change your return:

- go to canada.ca/change-tax-return for faster service; or
- write to the tax centre address shown on this notice, and include your social insurance number and any documents supporting the change.

If you want to register a formal dispute:

- go to canada.ca/cra-complaints-disputes; you have 90 days from the date of this notice to register your dispute.

Definitions

DR (debit) is the amount you owe us and **CR** (credit) is the amount we owe you.

Help for persons with hearing, speech, or visual impairments

You can get this notice in braille, large print, or audio format. For more information about other formats, go to canada.ca/cra-multiple-formats.

If you use a teletypewriter, you can get tax information by calling 1-800-665-0354.

My Account

Use My Account to see and manage your tax information online. Make changes to your return, check your RRSP information, set up direct deposit, and more. To register for My Account, go to canada.ca/my-cra-account.

Did the Canada Revenue Agency really contact you?

Scams disguised as messages from the CRA often imitate our services and programs to get access to your personal information and may happen by phone, email, text or instant messages. We do contact Canadians, and it is okay to ask questions if you are not sure it is us. To learn what to expect if we contact you, visit canada.ca/be-scam-smart.



CONFIRMATION OF PERMANENT RESIDENCE

Family name: PATEL



Given name(s): HIREN RATILAL



Date of birth: 1992/03/15

UCI: 11-1363-0215

Sex: MALE



Citizenship: INDIA

App. no.: EP00336519



Document no.: T602621273

PERSONAL DETAILS - PA

Marital status: MARRIED

Place of birth: BHALADA KHED

COB: INDIA

Height (cm): 167 CM

Eye color: BLACK

COR: INDIA

Last entry at:

Last entry date:

Orig. entry date:

Became P.R. at: 3273 TORONTO

Became P.R. on: 28 JUN 2020

Undertaking (mos):

Travel doc. no.: L5092253

Expiry date: 2023/10/06

Country of issue: INDIA

APPLICATION DETAILS

Issued at: NEW DELHI

Issued date: 2020/01/30

Valid to: 2020/10/14

Category: PV2

Prov. of dest.: MB

City of dest.: BRANDON

Special program:

Trans. loan no.:

Flight no.:

CSQ no.:

ESDC no.:

PNC: 2055565

Conditions:

00: NONE

Charged/convicted of a crime or offence in any country, refused admission to Canada or required to leave Canada? NO

MEDICAL DETAILS

IME no.: 16290072

Surveillance codes: 1

Valid to: 2020/10/14

SPONSOR INFORMATION

UCI: N/A

Name: N/A

DOB: N/A

Relationship: N/A

Address: N/A

DEPENDANT(S) INFORMATION

Have you any dependants other than those listed below? No

UCI: 1113630219 PATEL, SWETABEN HIREN DOB 1991/09/20 SPOUSE - ACCOMPANYING

REMARKS

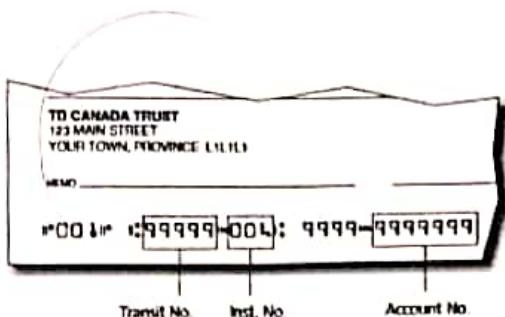
Immigration Officer: JM2020-06-28
Date (YYYY/MM/DD)

I hereby certify that the above statements are true and correct and that I fully understand the conditions imposed.

PATEL
HIREN RATILAL2020-06-28
Date (YYYY/MM/DD)



How to Set up Direct Deposits or Pre-Authorized Debits



Customer Name

HIREN RATILAL PATEL

Transit No.

0 | 0 | 3 | 9 | 7

Inst. No.

0 | 0 | 4

Account No.

6 | 5 | 6 | 1 | 8 | 6 | 9

You can find your branch address information on your cheques or by using our branch locator tool:
www.tdcanadatrust.com/locator

Direct Deposit

Direct Deposit is the most convenient way to receive recurring deposits (i.e. pay, pension, government payments, annuity, interest, etc.) with immediate access to funds. There are no holds on your funds or a need for special trips to your local branch or ATM to deposit your cheques.

To set up a Direct Deposit with the federal government:

1. Visit www.directdeposit.gc.ca for a Government of Canada Direct Deposit enrolment form and use your account information from the fields above when completing the form.
2. If you do not have a cheque to void, have your local TD Canada Trust branch stamp the enrolment form.
3. Once complete, mail the enrolment form to the address provided.

Note: Additional information may be required on the form such as your Social Insurance Number or date of birth. The form includes a toll free number for support with completing the form.

To set up a Direct Deposit with your employer:

1. Provide your account information from the fields above to the payroll department of your employer or company pension provider.

Pre-Authorized Debit (PAD)

A Pre-Authorized Debit (PAD) is an automatic withdrawal taken directly from your TD Canada Trust account by a company or financial institution that you have authorized to do so. PAD is a great way for you to save time with bill payments (i.e. utilities, credit cards) you pay by mail, at the ATM, in branch or by phone; and may help you avoid late fees.

To set up a PAD:

1. Call or visit the website of the company you wish to set up a Pre-Authorized Debit (PAD) with to obtain a PAD Agreement and use your account information noted from the fields above when completing the Agreement.
2. If the company allows for online form submission on its website, you will need to first register for its website and should follow the instructions provided.

Note: If your billing company accepts Visa Debit in Canada (or Visa internationally) and you have the enhanced TD Access Card, setting up a PAD will be easier than ever! Simply provide them with the card's 16 digit number in place of the account information noted above.



Canada

Date : 14 JUL / JUIL. 2020

PROTECTED B / PROTÉGÉ B

HIREN RATILAL PATEL
4 FROBISHER CRESCENT
BRANDON MB R7A 5B9

Social Insurance Number (SIN) / Numéro d'assurance sociale (NAS):
689-352-722

Names on the SIN record / Noms au dossier de NAS

First Name / Prénom: **HIREN**
Middle Name(s) / Second(s) prénom(s): **RATILAL**
Family Name(s) / Nom(s) de famille: **PATEL**

Protect your SIN; it is confidential

Keep any document containing your SIN in a safe place.

Protégez votre NAS, il est confidentiel

Conservez tout document où l'on retrouve votre NAS dans un endroit sûr.

Use of your SIN

You are required to provide your SIN to your employer within three days after the day you receive it. Also, some programs and/or services authenticate a person's identity using data on the SIN record; ensure you are using the names as shown above.

Utilisation de votre NAS

Vous devez fournir votre NAS à votre employeur dans les trois jours suivant sa réception. Aussi, certains programmes et/ou services utilisent les données au dossier de NAS afin d'authentifier l'identité d'une personne. Assurez-vous d'utiliser les noms qui figurent ci-dessus.

If your SIN begins with the number 9

You must present a valid proof of authorization to work in Canada to your employer. Your SIN record must be updated to reflect the most recent expiry date.

Si votre NAS débute par le chiffre 9

Vous devez présenter à votre employeur une autorisation valide vous permettant de travailler au Canada. Votre dossier de NAS doit être mis à jour afin de refléter la plus récente date d'expiration.

For more information, visit our Web site:

Canada.ca/social-insurance-number

Pour plus de renseignements, consultez notre site Web :

Canada.ca/numero-assurance-sociale



CONFIRMATION OF PERMANENT RESIDENCE

Family name: PATEL

Given name(s): SWETABEN HIREN

Date of birth: 1991/09/20

Sex: FEMALE

Citizenship: INDIA



UCI: 11-1363-0219



App. no.: EP00336519



Document no.: T602621275

PERSONAL DETAILS - DEP

Marital status: MARRIED

Height (cm): 162 CM

Last entry at:

Became P.R. at: 3273 TORONTO

Place of birth: DHARMAJ ANAN

Eye color: BLACK

Last entry date:

Became P.R. on: 28 JN 2020

COB: INDIA

COR: INDIA

Orig. entry date:

Undertaking (mos):

Travel doc. no.: P0134425

Country of issue: INDIA

Expiry date: 2026/04/28

APPLICATION DETAILS

Issued at: NEW DELHI

Category: PV2

Special program:

CSQ no.:

Issued date: 2020/01/30

Prov. of dest.: MB

Trans. loan no.:

ESDC no.:

Valid to: 2020/10/14

City of dest.: BRANDON

Flight no.: AI 187

PNC: 2055565

Conditions:

00: NONE

Charged/convicted of a crime or offence in any country, refused admission to Canada or required to leave Canada? NO

MEDICAL DETAILS

IME no.: 16290070

Surveillance codes: 1

Valid to: 2020/10/14

Spare

SPONSOR INFORMATION

UCI: N/A

Name: N/A

DOB: N/A

Relationship: N/A

Address: N/A

DEPENDANT(S) INFORMATION

Have you any dependants other than those listed below? NO

UCI: 1113630215 PATEL, HIREN RATILAL DOB 1992/03/15

REMARKS

Immigration Officer: _____

2020-06-28

Date (YYYY/MM/DD)

PATEL
SWETABEN HIREN

2020-06-28

Date (YYYY/MM/DD)



Canada

Date : 14 JUL / JUIL. 2020

PROTECTED B / PROTÉGÉ B

SWETABEN HIREN PATEL
4 FROBISHER CRESCENT
BRANDON MB R7A 5B9

Social Insurance Number (SIN) / Numéro d'assurance sociale (NAS):
689-352-755

Names on the SIN record / Noms au dossier de NAS

First Name / Prénom: **SWETABEN**
Middle Name(s) / Second(s) prénom(s): **HIREN**
Family Name(s) / Nom(s) de famille: **PATEL**

Protect your SIN; it is confidential

Keep any document containing your SIN in a safe place.

Protégez votre NAS, il est confidentiel

Conservez tout document où l'on retrouve votre NAS dans un endroit sûr.

Use of your SIN

You are required to provide your SIN to your employer within three days after the day you receive it. Also, some programs and/or services authenticate a person's identity using data on the SIN record; ensure you are using the names as shown above.

Utilisation de votre NAS

Vous devez fournir votre NAS à votre employeur dans les trois jours suivant sa réception. Aussi, certains programmes et/ou services utilisent les données au dossier de NAS afin d'authentifier l'identité d'une personne. Assurez-vous d'utiliser les noms qui figurent ci-dessus.

If your SIN begins with the number 9

You must present a valid proof of authorization to work in Canada to your employer. Your SIN record must be updated to reflect the most recent expiry date.

Si votre NAS débute par le chiffre 9

Vous devez présenter à votre employeur une autorisation valide vous permettant de travailler au Canada. Votre dossier de NAS doit être mis à jour afin de refléter la plus récente date d'expiration.

For more information, visit our Web site:

Canada.ca/social-insurance-number

Pour plus de renseignements, consultez notre site Web :

Canada.ca/numero-assurance-sociale



Government
of Canada

Gouvernement
du Canada

Canada

20220314121

2021 21 T4CH LH B0 NJ
SWETABEN PATEL
B7-1530B 20TH ST
BRANDON MB R7B 2M6

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Canada Revenue
Agency Agence du revenu
du Canada

Page 1

Notice of assessment

We assessed your 2021 income tax and benefit return and calculated your balance.

You have a refund of \$285.37.

Use direct deposit to get your tax refund, credits and benefits faster. Sign up or update your banking information at canada.ca/cra-direct-deposit.

Thank you,

Bob Hamilton
Commissioner of Revenue

Notice details

Social insurance number	XXX XX2 755
Tax year	2021
Date issued	Mar 21, 2022



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T452 E (21)

SWETABEN PATEL
B7-1530B 20TH ST
BRANDON MB
R7B 2M6

Notice details

Social Insurance number	XXX XX2 755
Tax year	2021

Tax assessment

We calculated your taxes using the amounts below. The following summary is based on the information we have or you gave us.

We may review your return later to verify income you reported or deductions or credits you claimed. For more information, go to canada.ca/taxes-reviews. Keep all your slips, receipts, and other supporting documents in case we ask to see them.

Summary

Line	Description	\$ Final amount	CR/DR
15000	Total income	13,821	0
	Deductions from total income	46	13
23600	Net income	13,775	777
26000	Taxable income	13,775	7
35000	Total federal non-refundable tax credits	2,361	3
61500	Total Manitoba non-refundable tax credits	1,235	
42000	Net federal tax	0.00	
42800	Net Manitoba tax	252.23	
43500	Total payable	252.23	
43700	Total income tax deducted	537.60	
48200	Total credits	537.60	
	Total payable minus Total credits	285.37	CR
	Balance from this assessment	285.37	CR
	Refund	285.37	CR



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W

SWETABEN PATEL
B7-1530B 20TH ST
BRANDON MB
R7B 2M6

Notice details

Social Insurance number	XXX XX2 755
Tax year	2021

RRSP deduction limit statement

References to RRSP contributions also include contributions to your pooled registered pension plan (PRPP) and to your and your spouse's or common-law partner's specified pension plan (SPP). For more information, go to canada.ca/rrsp or see Guide T4040, RRSPs and Other Registered Plans for Retirement.

Description	\$ Amount
RRSP deduction limit for 2021	786
Minus: Employer's PRPP contributions for 2021	0
Minus: Allowable RRSP contributions deducted for 2021	0
Plus: 18% of 2021 earned income, up to a maximum of \$29,210	2,487
Minus: 2021 pension adjustment	0
Minus: 2022 net past service pension adjustment	0
Plus: 2022 pension adjustment reversal	0
RRSP deduction limit for 2022	3,273
Minus: Unused RRSP contributions previously reported and available to deduct for 2022	0
Available contribution room for 2022	3,273

Note: If your available contribution room is a negative amount (shown in brackets), you have no contribution room available for 2021 and may have over contributed to your RRSP. If this is the case, you may have to pay tax on a 1% monthly tax on any excess contributions.

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