



**Portfolio Management**  
Main Floor - 280 Broadway  
Winnipeg MB • R3C 0R8  
[manitoba.ca/housing](http://manitoba.ca/housing)

Rosanne Lepitre  
Administrative Officer  
[Rosanne.Lepitre@gov.mb.ca](mailto:Rosanne.Lepitre@gov.mb.ca)  
**Tel: (204) 945-7503**  
**Fax: (204) 948-1313**

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**Date**

**Name**  
**Group Name**  
**Address**  
**City, Province, Postal Code**

Dear Name

**Re: E&IPH License #      – Group Name**

Enclosed is a copy of your Elderly & Infirm Persons' Housing (E&IPH) operating license. It is effective immediately and will expire on **Date**. *The Municipal Assessment Act* provides for an exemption from school taxes for non-profit buildings that house elderly persons as defined by *The Elderly and Infirm Persons' Housing Act (the Act)*. The municipal authority in which your project is located can provide you with more information about this exemption.

This license is issued in accordance with the provisions of *the Act* and its regulation, which include limitations on the age and income of residents and on the size of individual units. Your application certifies that your project falls within the limitations set out in the *Act* and its regulation. Should your situation change at any time, please notify our office at 204-945-7503.

Sincerely,

A handwritten signature in black ink that reads "R. Dudeck".

Rosanne Dudeck

Encl.

