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Impact of the National Housing Strategy for Low-income Renters in Winnipeg and Manitoba

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Right to Housing

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Introduction

IN 2017, THE Government of Canada launched its 10-year *National Housing Strategy (NHS): A Place to Call Home*. The strategy “sets out a long-term vision for housing and focuses on improving housing outcomes for those in greatest need.” Central to the NHS and the National Housing Strategy Act, which followed in 2019, was the recognition that “housing rights are human rights”.[1] The Strategy aims to “progressively implement the right of every Canadian to access adequate housing.”[2] It includes a variety of programs to achieve its commitment to ensuring more people living in Canada have access to safe, affordable and inclusive housing.

Since launched in 2017, the NHS has received mixed reviews. While it is true that the federal government is investing more in housing than it has in decades, the emphasis is on incentivizing private for-profit developers, which is mostly creating housing that is not affordable for low and moderate-income renter households. Advocates for these renter households maintain that there needs to be a shift in priority toward non-market housing development including both public and non-profit owned if we are to achieve the baseline goal of 500,000 additional deeply affordable units nationally[3] and 10,000 in Manitoba in 10 years (Bernas et al, 2022).

It is notable that in addition to supply-focused programs, the NHS includes the Canada Housing Benefit (CHB), described as an “affordability support directly to families and individuals in housing need…”[4] It provides rent assistance for vulnerable renters. In Manitoba, it does so through the cost-shared Canada Manitoba Housing benefit (CMHB). Manitoba also has its own benefit program—Rent Assist—that provides income support for qualifying households renting in the private market. These benefit programs are helping many households. However, housing benefit programs are also criticized for being costly programs that subsidize private-sector landlords, often with little accountability. Also, those who rely on them are particularly vulnerable to changes in political whim, which can result in immediate and drastic impacts on their housing security. For example, in August 2024 community-based organizations were informed that the CMHB was "fully subscribed" and processing of new applications were "paused"[5] until further notice. The Right to Housing Coalition estimated that more than 300 people who applied between Aug 2 and 30th who were housed with the understanding that they would be getting the benefit, would no longer receive it. A strong and quick response from community-based organizations resulted in the pause being lifted in September 2024. Additional funds were allocated to fill the gap in the short term, but as noted by Premier Wab Kinew:[6]

> "Things like the housing benefit, it is a bridge...This housing benefit is not the be all and end all goal. The goal should not be for us to provide top-ups for people to be able to go into private rental accommodations. The goal should be for the first step of housing, that it is government that's playing that role."

Counteracting the increasing commodification of housing requires public investment in the development and maintenance of social housing supply, which has been shown to be more cost-effective in the long-term, and essential to ensuring adequate rental housing is accessible to low-income households in tight, poorly regulated and discriminatory rental markets (Lawson, Troy & van den 2022, Khadduri & Wilkins 2007, OECD 2020).

As described in this analysis, advocates believe that if the NHS is to meet its goals it needs to shift its focus to the expansion of non-market supply.

Examining the National Housing Strategy in Manitoba

THIS PAPER EXAMINES the impact of the NHS in Manitoba, with a specific focus on Winnipeg because this is where the bulk of NHS-funded development has occurred. The majority, 2145 of the 2381 (90%) of NHS projects funded between 2017 and 2024, are located in Winnipeg. This analysis focuses on the four main NHS programs that centre on the expansion of affordable rental housing supply, including the Apartment Construction Loan Program (ACLP), The Affordable Housing Fund (AHF), The Rapid Housing Initiative (RHI) and the Affordable Housing Innovation Fund (AHIF).

Assessing the NHS: Affordability and Core Housing Need Defined

Assessing the impact of the NHS on rental housing affordability is difficult because affordability is not consistently defined across NHS and other Canadian Mortgage and Housing Corporation (CMHC) programs. Social housing advocates look at both affordability and core housing need to understand how Canada is meeting the housing needs of those in greatest need.

CMHC defines housing to be affordable if it costs less than 30% of total household income. CMHC deems a household to be in core housing need if its housing does not meet one or more of the adequacy, suitability or affordability[7] standards, and it would have to spend 30% or more of its before-tax income to access acceptable local housing. Housing is considered acceptable if it does not need major repair, if it is suitable in size (meets National Occupancy Standards),[8] and if it costs less than 30% of household income before tax. CMHC describes a two-step process to determine core housing need that includes first determining whether a household lives in acceptable housing and, if it does not, then determining whether its before-tax income is sufficient to access acceptable local housing.

Determining core housing need is important because it can shape public policies that prioritize households in greatest need. For example, in 2023 the Manitoba Non-Profit Housing Association undertook a housing needs analysis for Manitoba using methods and tools created by the Housing Assessment Resource Tools (HART) project, which aims to standardize the measurement of housing needs. Their analysis, based on 2021 Census data, suggests Manitoba should create at least another 10,000 units of social housing to ensure all households in core housing need with very low incomes (less than $15,900) and some households with low incomes (less than $39,750) can access affordable housing where they spend no more than 30% of their income on rent (Manitoba Non-Profit Housing Association, 2023).

Importantly, CMHC specifies that "if a household not living in acceptable housing can access acceptable local housing for less than 30% of its before-tax income, it is not in core housing need."[9] In other words, a household is not necessarily considered by CMHC to be in core housing need if it chooses to live in housing that costs more than 30% of its before-tax income.

The 30% affordability measure applies to both market and non-market housing. CMHC and the provinces agreed to adopt this affordability measure specifically for social housing in 1986 (Statistics Canada 2018). Social housing is non-market rental housing that is sufficiently subsidized to ensure that renters pay less than 30% of gross income, also known as rent geared to income (RGI) or the equivalent of what is provided through government social assistance.

Although soaring shelter costs in the private rental market have made it increasingly difficult to obtain, CMHC maintains that the 30% threshold continues to be a useful benchmark to consistently measure housing affordability in Canada more generally. The 30% threshold is commonly used in Europe and in countries including the United States and Australia, so it is also useful when making cross-country comparisons.

Affordable Rental Housing in Winnipeg

THE 2021 CENSUS shows that 28.9% of all renter households in Winnipeg pay more than 30% of income on rent[10] and 24.1 % of renter households are in core housing need.[11] The January 2024 CMHC Rental market report shows a shortage of all types of rental supply.[12] It notes that "even though the rental market universe expanded in 2023, affordable rentals remained scarce for most income groups." Renters earning under $40,000 are particularly challenged. Using the 30% guideline, analysis by Pomeroy (2023) shows that between 2011 and 2021, Winnipeg saw a decline in non-subsidized rental units affordable to households earning less than $40,000 a year. This analysis aligns with the CMHC rental report analysis. A one-bedroom apartment in Winnipeg rents on average at $1100. This is unaffordable to minimum-wage earners and individuals reliant on government income assistance. It is notable that the affordability criteria for NHS programs stipulate ceilings rather than floors for rents, so it is possible for landlords to rent at lower rates. However, the rental report data provided through CMHC confirms that units renting at under $1000 remain scarce, suggesting that relatively few units affordable to low-income households are being developed. Assuming rents are set at the ceiling, NHS data shown in *Table 1* shows that a mere 12% of units built in Winnipeg through NHS programs meet CMHC's 30% of income/ RGI criteria (*Table 1*). This raises an important question which is explored further in this paper — what type of rental housing is being built through the NHS and other

CMHC programs to ensure that Canada is improving housing outcomes for persons in greatest need?

Expanding Supply Through the NHS: Analysis of "Mapping Our Progress" Data[13]

The NHS reports quarterly on the progress of its programs and initiatives. A list of projects funded through the NHS is provided on the NHS website. It includes data for four programs in its progress report:

Apartment Construction Loan Program (ACLP):

This is the largest NHS supply program, with an expenditure of more than $11 billion at the end of March 31, 2024 according to the progress report. Renamed in 2023 (previously Rental Construction Financing Initiative), its objective is to stimulate the supply of purpose-built rental housing. The bulk of its current funding supports for-profit development. Research has shown that this funding has had a limited impact on those experiencing core housing needs and homelessness. In fact, one report found only 3% of homes financed through this program met the needs of low-income families.[14]

The Affordable Housing Fund (AHF):

Previously the National Housing Co-Investment Fund, this program was also renamed in 2023. It is the second largest NHS supply program, expending more than $6 billion as of March 31, 2024. It is intended to "ensure existing rental housing is not lost to disrepair and to develop new, high-performing affordable housing integrated with supports and services".[15] The AHF was designed to "attract partnerships with and investments from the provinces and territories, municipalities, non-profits and co-operatives, and the private sector, to focus on new construction and the preservation and renewal of the existing affordable housing supply." The AHF also aims to support "more shelter spaces for survivors of family violence, transitional and supportive housing, new and renewed affordable and community housing, and ways of making homeownership more affordable." A 2022 report found that approximately 50% of units created under this program are unaffordable to middle-income households, and approximately 65% are unaffordable to low-income households. (Blueprint, 2022, p 29)

Rapid Housing Initiative:

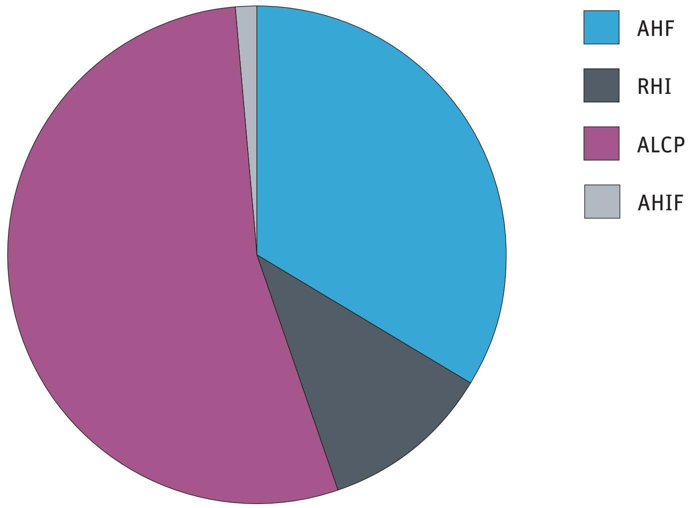
The Rapid Housing Initiative (RHI) is the only NHS initiative focused on funding for non-market social housing. The program began in October 2020. It was launched as an emergency response to the covid housing crisis and was not included in the NHS until 2022. The RHI is intended for "people and populations who are vulnerable and targeted under the NHS". Available to non-profit organizations and governments, it included two streams. Proponents could apply for funding through their municipal governments through the City Stream or directly through CMHC through the Projects Stream. The progress report showed expenditure of just over $2 billion at the end of March 2024.The federal government committed further support for the RHI through a permanent Rapid Housing Stream under the Affordable Housing Fund in its 2024 budget. A 2022 report suggests that all units created under the RHI are designed to be affordable to low-income households and people experiencing homelessness (Blueprint, 2022, p 33).

The Affordable Housing Innovation Fund (AHIF):[16]

The AHIF is described as a program that provides funding to support "new ideas that will drive change and disrupt the industry." It's a relatively small component of the NHS — representing less than 1% of expenditures. The AHIF offers "flexible financial support to test a range of innovations and leverage new partnerships." The Progress Report shows 18 projects, including one in Winnipeg, that have received a combination of capital and loans through the AHIF. The development in Winnipeg includes a mix of housing, including RGI. *Figure 1* shows the distribution of funding programs nationally. 25% of total NHS funding has been allocated to the ALCP, 14% to the AHF, and 4% for each of the RHI and the AHIF.

Although not included in the *Mapping Our Progress* report, **Reaching Home** is another program included in the NHS. It contributes modest capital funding for transitional housing projects through designated community entities. The entity in Winnipeg is End Homelessness Winnipeg (EHW). EHW reports that funding available through Reaching Home is limited ($4 million in the most recent call for proposals) and highly restricted. Only a small number of projects have been supported.

FIGURE 1 National Capital Funding Distribution



What has Been the Impact in Winnipeg and Manitoba?

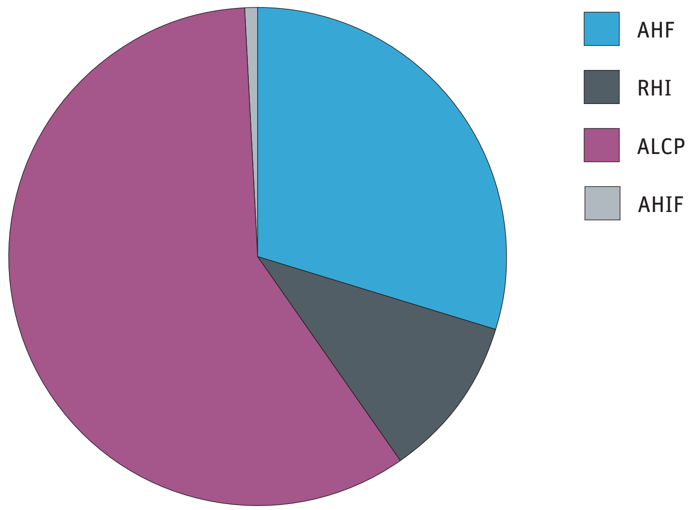
Measuring the impact of the NHS depends on how affordability is defined—affordable for whom?

There is broad consensus among housing policy experts that the NHS has failed to live up to the commitment to create affordable housing for the lowest-income households who are in greatest need.[17] According to a panel presenting for the Office of the Federal Housing Advocate,[18] a 2022 report by the National Housing Council concluded that "fewer than 5% of the units built by the federal government's $82-billion-dollar NHS so far were affordable to those with the lowest incomes." This is consistent with the outcomes of NHS-supported projects in Manitoba listed on the *Mapping Our Progress* document.

What the NHS has produced in Winnipeg

Access to a detailed breakdown of NHS outcomes is more difficult to find than one might think. For example, the CMHC website shows that 687 units have been created in Manitoba through the RHI, but no details are provided as to where or by whom, and this number of units is not reflected in the *Mapping Our Progress* data on the NHS website. *Mapping Our Progress* lists all units funded

FIGURE 2 National Program Funding Winnipeg



through NHS programs since its inception. The data shows that between 2018 and March 2024, NHS expenditures in Manitoba from the four main capital programs were $407.5 million, of which $370.5 million was spent in Winnipeg.

Figure 2 shows that the distribution of funding in Winnipeg is similar to national expenditures, with the bulk of funding allocated to the ACLP. In Winnipeg, 59% of funding from the NHS flowing to Winnipeg went to ACLP projects, 30% to AHF projects, 10.5% to RHI and under 1% to AHIF.

As shown in *Table 1*, these expenditures resulted in 2145 housing units in Winnipeg, with 90% funded through either the AHF, ACLP, or AHIF, none of which require RGI units.

The progress report shows that 1681 housing units receiving support through NHS programs in Winnipeg are "affordable" (based on program criteria). When you remove the 822 units funded through the ACLP, which uses an affordability measure that is not affordable to households earning under $40,000 (See ACLP description above), the percentage of affordable units drops considerably. The progress report shows that 203 of the 224 units funded through the Rapid Housing Initiative were in Winnipeg. The Mapping Our Progress Report categorizes 196 units as "affordable" (165 in Winnipeg). However, since the RHI requires units to be rent-geared to income (RGI) "where households paying less than 30% of gross income on housing costs or the shelter component of any provincial or territorial income assistance as an equivalent, for a minimum of 20 years" it can be assumed that all units are subsidized to meet the program requirements.

TABLE 1 NHS Funding Allocations Winnipeg[i]

Program	Funding for Winnipeg Projects	Total Units	Affordable Units Based on Program criteria	Affordable Units that Meet RGI Criteria	Type of Funding
Affordable Housing Fund (previous National Housing Co-Investment Fund)	$110,820,111	1018	642	May include some RGI but most will meet affordability standards for AHF	Forgivable and low-interest repayable loans Non-repayable contribution
Apartment Construction Loan Program (previous Rental Construction Financing Initiative)	$218,013,000	822	822	0	Low-cost loans with favourable terms
Affordable Housing Innovation Fund	$26,000,000	102	52	52	Loans, Forgivable Loans, contributions and innovative financing
Rapid Housing Initiative	$39,115,966	203	165[ii]	203	Capital contributions for new housing and/or acquisition of existing buildings for rehabilitation or conversion to permanent affordable housing.
Total	**$370,549,077**	**2145**	**1681**	**253**	

i See appendix for affordability criteria for each program

ii Although the RHI requires that all units are RGI, NHS data lists 38 of the 203 units as "not affordable". We can only assume that subsidies are provided to ensure RGI.

The progress report shows that as of March 31, 2024, 1018 of the 1155 units funded through the AHF are located in Winnipeg, 642 of which are considered affordable. However, this program uses a different metric to determine affordability. Projects funded through the AHF must include at least 40% of units renting at less than 70% of Median Market Rent (MMR) for a minimum of 20 years. In October 2023, the MMR for a 2-bedroom rental unit in Winnipeg was $1327. Using this as the metric, the 642 Winnipeg units funded through the AHF will rent at approximately $930 a month (depending on unit size) or lower if they receive a rent supplement from the province (which some may). Although most of these units do not meet the RGI criteria, they will be affordable for many households earning less than $40,000.

The progress report shows that of the 102 units in the one Winnipeg project funded through the AHIF, 52 are listed as affordable. However, it is not clear what criteria were used to determine affordability. Although in a recent announcement, the Manitoba government committed to subsidies to ensure that 48 of the 95[19] units will be RGI, the data from the Progress Report is used for consistency.

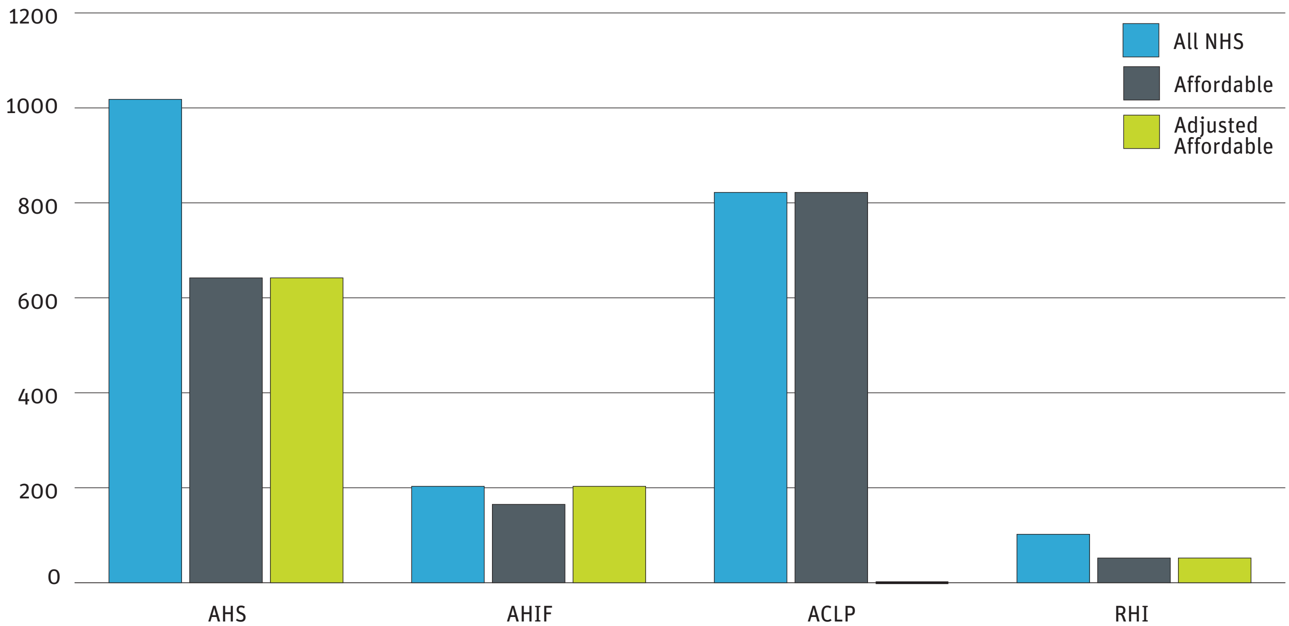
Nationally, the majority of NHS units were funded through the Apartment Construction Loan Program, which uses yet another criterion to determine affordability. This program requires projects to meet and maintain one of the following affordability requirements for at least 10 years: 1.) At least 20% of units must have rents below 30% of the median total income[20] of all families for the area and the total residential rental income must be at least 10% below its gross achievable residential income. 2.) The proposal has been approved under another affordable housing program or initiative from any level of government, such as capital grants, municipal concessions or expedited planning processing.

In Manitoba, there have been a total of six projects, with 822 units created through the ACLP, all in Winnipeg, and all categorized as affordable. However, the ACLP affordability criteria does not take into account the significant gap between homeowners and renters. Census data shows the average income for individuals who rent in Winnipeg is approximately 60% of that of homeowners. As such, none of these 822 units rent under the MMR nor are any RGI so, these units are not affordable to renters earning under a modest household income of $40,000 annually.

According to the CMHC,[21] the median income for all households in Manitoba in 2022 — renters and owners — was $102,000. The median income for a typical Manitoba household renting in Manitoba was $52,400. Using ACLPs measure has resulted in some "affordable" housing units funded through the ACLP in Winnipeg with rents higher than average market rents. Of the total six ACLP funded projects in Winnipeg, one of the projects is a non-profit development with 119 units. The remaining five developments are projects associated with the for profit developer Edge Corps. All 703 of these units meet the minimum ACLP affordable guidelines. However, in an article in the *Globe and Mail* assessing the impact of the ACLP, Younglai et al reported that: "One of the highest average affordable rents is at Edge Corps 270-unit seniors building which received an $86.75-million loan through the RCFI [now ACLP]."[22] Through an access to information request, *Globe and Mail* reporters learned that "the average affordable rents at this building are listed on CMHC documents as $2,018 per month", which almost $600 higher than the average market rent of $1427 for a two-bedroom apartment in a purpose-built rental building in Winnipeg. The *Globe and Mail*'s access to information request revealed that the four Edge Corp developments had higher average "affordable" rents than average market rent in Winnipeg — based on the median incomes of all households, not just renter households.

It is also notable that developers accessing funds through the ACLP are only required to maintain average affordable rents for 10 years. Existing rent regulations in Manitoba exclude new builds as well as units renting above

FIGURE 3 NHS Funded Units in Winnipeg



$1615 per month, so it is likely rents in these units, and future units funded by the ALCP will not be protected.

As shown in *Table 1* and further illustrated in *Figure 3*, the majority of units created in Winnipeg through the NHS are not affordable to low-income households.

It is also notable that the number of units affordable to low-income households (253 RGI representing 15% of all units) added to the supply since the NHS began is far less than the 1000 units the Right to Housing Coalition has determined is needed in one year and less than 2.5% of what is needed over 10 years (Bernas, K. et al 2023).

Other CMHC Programs

Another CMHC program not included in the National Housing Strategy is Multi-Unit Mortgage Loan Insurance (MLI) Select. Although data on the number of units created through this program is not accessible, this program is worth mentioning because it uses a point system to offer insurance incentives based on affordability, energy efficiency, and accessibility. Some projects access multiple programs — a practice often referred to as "stacking," which allows access to various federal, provincial and municipal programs, including those that are part of the NHS as well as CMHC programs such as MLI Select.

Affordability is not required by MLI Select, but projects can focus on a single area like affordability or combine commitments to increase points and incentives. MLI Select uses Median Renter Income (MRI) as its affordability measure. While this is more equitable than using measures that include the income of all households for reasons described above, the MLI Select does not include size requirements. This means a bachelor apartment can rent at the same rate as a 2-bedroom using the MRI. In Winnipeg this means a bachelor apartment renting at more than $1100 a month would be considered affordable by MLI standards. This is far higher than a single minimum wage earner can afford.

The most recent federal program that is not part of the NHS but aligns with it is the Housing Accelerator Fund (HAF). In 2023, Winnipeg signed an agreement with the Government of Canada for a $122 million federal capital grant incentive program administered by the City of Winnipeg. HAF is a grant program that incentivizes developers to expand the housing supply. $25 million is available for projects in the first phase of the grant and is available to both private sector and non-profit projects, market and below-market (affordable), that meet the program criteria agreed upon by both levels of government. Projects can access up to $35,000 per unit if at least 30% of the total units rent at less than 80% of MMR or at Province of Manitoba Affordable Housing rental rates for twenty years.[23] Projects located downtown can receive up to $60,000 per unit if they meet either of the above criteria. Top-up funding for "deeply affordable/supportive housing" outside downtown Winnipeg is available for up to $15,000/unit on the condition that operating support from another source is provided for at least five years and up to 20 years. At least 50% of the total dwelling units outside downtown must be rent-geared-to-income or operate as permanent supportive housing or transitional housing for priority populations, including people experiencing homelessness.

Only 30% of units built through the HAF agreement are required to be "affordable." This means that 70% of the units are likely to be privately owned with market rents. Unless the Province contributes operating subsidies, it is unlikely that any units, including the 30% of units that are targeted as affordable, will be RGI. This means that the HAF is likely to produce relatively little housing for the lowest-income households unless the provincial government is at the table.

Conclusions and Recommendations

What does this tell us about Canada's investment in housing for those in greatest need?

The government of Canada and its housing agency CMHC, whose goal is to "ensure that everyone in Canada has a place to call home,"[24] have developed a suite of programs to stimulate the development of purpose-built rental housing. The question is—is it creating the housing that is needed if the NHS is to meet its top priority area of action – housing for those in greatest need? This analysis shows that it is not.

The focus on private sector development through the ACLP, the largest NHS program, with its deeply flawed affordability criteria, has not created a single unit of RGI housing in Manitoba. The second largest program, the AHF, also fails to create deeply affordable units unless other levels of government offer up operating subsidies. Anecdotally housing advocates know that some of the 642 affordable AHF units are receiving provincial supplements to ensure affordability at RGI levels and that at least one non-profit in Winnipeg has successfully leveraged funding through multiple NHS programs and provincial operating subsidies to ensure some RGI units. But without a requirement to create RGI units with federal funding, it is unlikely that this will be the trend. Finally, the RHI, the smallest of the three NHS programs, and the only program with RGI requirements, is far too small a program to make the impact needed. As noted above, there has been a total of 203 units developed through the RHI in Winnipeg.

If it is to meet its goal, the NHS will need to redirect federal housing investments for market housing toward programs like the Rapid Housing Initiative (RHI), which results in non-market social housing with rents set at less than 30% of household income. It should:

1. Eliminate the ACLP and redirect those resources to expand the RHI to develop the rental housing most needed. Existing evidence calls into question the necessity of the ACLP for stimulating rental supply. As of 2019, purpose-built rental construction represented 29% of all housing starts (Pomeroy, 2021a). The proportion of rental housing built in 2023 surpassed historical averages, reflecting growing market demand. 2023 was a particularly good year for purpose-built rental construction across Canada, accounting for 42% of all apartment construction in 2023 (CMHC 2023). Evidence suggests that very little of this increase can be attributed to the ACLP and can be largely explained as a market response to increased rental demand. The rental market report shows that new builds are not keeping pace with demand, in part because of rising construction costs. However, recent decreases in interest rates and other government initiatives to reduce costs, including GST and PST exemptions, are expected to incentivize developers. The rental housing that private developers cannot and will not build is that which that rents at below market rates, especially one that is affordable to the lowest-income households. The NHS must focus funding on programs that create more affordable non-market housing for low- and moderate-income households.

2. Develop a cost-shared subsidy program or implement conditions to ensure that non-market units built through NHS programs are sufficiently subsidized so that they remain affordable – with rents less than 30% of income or equal to government assistance allowances—in perpetuity.

3. Remove time limits for affordability criteria to ensure they remain affordable in perpetuity. Developers receiving funding through all initiatives sign agreements requiring them to maintain 'affordable' rents based on the criteria of the specific program. These agreements range between 10 and 20 years. There is no guarantee that rents will remain affordable beyond the agreed-upon duration. It is likely that

they will not unless rent supplements are provided and they are required to do so.

4. Establish a capital fund and provide rent supplements to allow non-profits to purchase naturally occurring affordable housing, removing it from the market and ensuring units remain RGI in perpetuity.

Collaborating to maximize the potential of the NHS before its too late

Although provincial and territorial governments can access funds through both the RHI and the AHF, the NHS progress report shows that the Government of Manitoba did not take advantage of these programs under the previous Conservative government. Since elected in October 2023, the NDP government's commitment to taking advantage of federal NHS programs appears to be mainly rent supplements to housing providers. The decision to provide rent supplements to ensure RGI rents for approximately half of the AHIP-funded project known as the Market Lands in Winnipeg, as well as other recent projects, will help. However, the recent decision to 'pause' intake for the Canada Manitoba Housing Benefit demonstrates the precarity of benefit programs that are not adequately funded. Although the government resumed intake for the CMHB, it isn't clear how long the additional funding will last and what will happen when the money runs out as it is sure to do. Expanding and maintaining the supply of social housing is the sustainable solution and much more will need to be done to achieve the goal of 10,000 units in Manitoba in 10 years.

The City of Winnipeg can do its part by leveraging its own tools to access NHS and other federal housing funding for the expansion of non-market RGI housing. For example, it should re-allocate funding from the Housing Accelerator Fund (HAF) and partner with the Province of Manitoba to secure the additional capital and operating funds needed to develop the 2,250 units of non-market RGI housing Winnipeg requires over the 3 years of the HAF.

The NHS expires in 2028. The Manitoba government has no time to waste in leveraging the tools it has available, including both capital and operating grants, to access NHS funding and create the non-market RGI housing, including public housing, that is critically needed in Manitoba.

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APPENDIX 1 National Housing Strategy Affordability Criteria

Program	Qualifying Proponents	Funding	Affordability Requirements	RGI Required	Other Requirements	Concerns
Affordable Housing Fund (AHF) (formerly the Co-Investment Fund New construction	P/T/M/I Governments community housing providers (i.e. public or private non-profit housing organizations or rental co-operatives) private sector	Forgivable and low-interest repayable loans Non-repayable contribution $50,000 per unit base with additional 25,000 for if meets affordability & energy efficiency	Affordable and mixed. Minimum of 40% of units rent at less than 70% of Median Market Rent (MMR)	No	Must have support from other level of government	No RGI requirements No information available to determine the number of non-profit units approved. No long term requirement to remain "affordable". Requirement is minimum 20 years.
Federal Lands Initiative	For-profit and non-profit P/T/M/I Governments		Mixed-income; mixed-use (commercial space should not exceed 30% of gross floor area); mixed-tenure; shelters; transitional housing; supportive housing; rental housing; affordable homeownership	No		For profit development is a concern.
Affordable Innovation Fund	P/T/M/I Governments private sector Community housing providers Other innovative approaches to rent-to-own housing	Loans, Forgivable Loans, contributions and innovative financing	Based upon the affordability criteria of the municipality or provincial, or CMHC determines based on MMR Must demonstrate affordability for min 10-years	No		No long-term affordability requirement - 10-year affordability No RGI requirements
Rapid Housing Initiative (RHI)	P/T/M/I Governments Non-profit organizations	Capital contributions for the rapid construction of new housing and/or acquisition of existing buildings for rehabilitation or conversion to permanent affordable housing.	All units RGI (household is paying less than 30% of gross income on housing costs or the shelter component of any provincial or territorial income assistance as an equivalent) Targeted people and populations who are vulnerable and who are, or otherwise would be in severe housing need* or people experiencing or at imminent risk of homelessness** as described below. Affordability must be maintained for a minimum of 20 years.	Yes		This is the only program that requires RGI units. The main concern is that this program isn't large enough to meet the need.

APPENDIX 1 National Housing Strategy Affordability Criteria (Con't)

Program	Qualifying Proponents	Funding	Affordability Requirements	RGI Required	Other Req's	Concerns
Apartment Construction Loan Program (ACLP) previously Rental Construction Financing Initiative (RCFI)	For-profit, non-profit and municipalities	Low-cost loans with favourable terms	Must meet and maintain one of the following affordability requirements for at least 10 years: 1: At least 20% of units must have rents below 30% of the median total income of all families for the area and the total residential rental income must be at least 10% below its gross achievable residential income. 2: The proposal has been approved under another affordable housing program or initiative from any level of government, such as capital grants, municipal concessions or expedited planning processing.	No		Affordability measure — median total income — means that rents can be set far above what a low-moderate income renter can afford. Median incomefor all households is much higher than median income for renter households.
Other Initiatives with Affordability Components						
Winnipeg: Housing Accelerator Fund (HAF)			**Downtown Market Projects: Up to $25,000/unit** - Must be located within the Downtown. - Projects must include 10% of units, in line with CMHC Mortgage Loan Insurance Criteria (30% of median renter income) for ten years. **Affordable Housing Projects: Up to $35,000/unit** - Projects must include at least 30% of the total units rented at either of the following Affordability criteria, or lower: - Less than 80% of the Median Market Rent for the area, in line with CMHC's Affordable Housing Fund Criteria for twenty years; or - At Province of Manitoba Affordable Housing rental rates for twenty years. **Affordable Downtown Housing: Up to $60,000/unit** - Must be located within the Downtown. - Projects must include at least 30% of the total units rented at either of the following Affordability criteria, or lower: - Less than 80% of the Median Market Rent for the area, in line with CMHC's Affordable Housing Fund Criteria for twenty years; or - At Province of Manitoba Affordable Housing rental rates for twenty years. **Funding Top-up for Deeply Affordable/Supportive Housing outside Downtown: Up to $15,000/unit** - For deeply affordable housing (RGI) projects outside the Downtown (and therefore not eligible for Grant number 3), an additional top-up grant of up to $15,000. These must have operating funds from Province/Feds for at least twenty years. - Projects must provide a letter of intent from a government organization (or an equivalent organization acceptable to the City), indicating its commitment to provide operating funding for at least five years, and up to twenty. Projects must meet or exceed the following: - at least 50% of the total dwelling units are rent-geared-to-income, or - operates as permanent supportive housing or transitional housing for priority populations, including people experiencing homelessness. - Market projects also included using the MLI criteria and not considered affordable.			RGI potential for this category only, however no subsidy available through HAF. **Funding Top-up for Deeply Affordable/ Supportive Housing outside Downtown: Up to $15,000/unit** - For deeply affordable housing projects outside the Downtown (and therefore not eligible for Grant number 3), an additional top-up grant of up to $15,000 may be available. Projects must provide a letter of intent from a government organization (or an equivalent organization acceptable to the City), indicating its commitment to provide operating funding for at least five years, and up to twenty. Projects must meet or exceed the following: at least 50% of the total dwelling units are rent-geared-to-income, or operates as permanent supportive housing or transitional housing for priority populations, including people experiencing homelessness.

APPENDIX 1 National Housing Strategy Affordability Criteria (Con't)

Program	Qualifying Proponents	Funding	Affordability Requirements	RGI Required	Other Requirements	Concerns
CMHC MLI Select	Multi-unit mortgage loan insurance. Focused on affordability, accessibility, and climate compatibility. Reduced premiums and longer amortization periods based on a point system to offer insurance incentives based on affordability, energy efficiency, and accessibility. Incentives are available for new construction and existing properties.		50 points if 40% of units set at 30% of median renter income (MRI); 70 points if 60% at 30% MRI; 100 points if 80% at 30% MRI	No		Although this criteria is preferable to the ACLP affordability criteria, there is no criteria for size of units. This means for example that a bachelor unit can rent at 30% of MRI. In Winnipeg this would be more than $1100 per month, which is higher than a single person earning minimum wage can afford based on 30% of income.

i See appendix for affordability criteria for each program

ii Although the RHI requires that all units are RGI, NHS data lists 38 of the 203 units as "not affordable". We can only assume that subsidies are provided to ensure RGI.

***** Programs that support the development of long-term housing supply and their affordability metrics. Note that some programs also have energy efficiency requirements which are not included in the table. Provincial, Territorial, Municipal, Indigenous governments (P/T/M/I). Does not include renovation programs.

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