

# Application - Rent Assistance Benefit (RAB)

#### What is the RAB Program and how can it help me and/or my family?

• The Rent Assistance Benefit is designed for households in core housing need who have low incomes and ongoing need. Recipient households live in rental housing and receive a monthly benefit amount to help make their rent more affordable.

#### What does it mean to have a Core Housing Need?

- A household is in core housing need if:
  - o Suitable accommodation costs more than 30% of the household's total income on rent, and
  - o It has a total annual income below the income threshold for a given municipality.

#### What is considered a household?

- We define a household to include the following:
  - o The spouse, common-law, or adult interdependent partner
  - Dependent(s) A dependent includes a member of the household who is not self-supporting. A dependent
    is an individual under 25 years of age and related by blood, marriage, or adoption to another member of the
    household, or by virtue of an adult interdependent relationship.
  - o Adults co-applying for housing who are none of the above

### What is considered an asset and how does this impact my eligibility?

- A household cannot hold over \$25,000 in eligible assets as defined by the *Social Housing Accommodation Regulation*.
- One personal non-recreational vehicle is exempt from the asset limit. A second vehicle would not be exempt unless it is used for work purposes. For more information, proceed to page 4 of this application.

#### WHO IS ELEGIBLE TO APPLY

This form will help guide you in completing an application for monthly rent assistance benefits. Please note that <u>the</u> <u>acceptance of an application does not guarantee you will be approved for a financial benefit.</u> If you require immediate emergency housing or financial supports, please reach out to your local family and community services. **Before you apply, please ensure that you:** 

Have a core housing need,
Declare a total asset value of \$25,000 or less,
Are a Canadian citizen, permanent resident or a refugee sponsored by the Government of Canada, and
Have a combined household annual income not greater than the thresholds listed below
<ul> <li>The income thresholds for RAB are set by the Government of Alberta and are based on the combined</li> </ul>
income of everyone 22 years of age or older.

**IMPORTANT:** Applicant households cannot have an income that exceeds the corresponding Maximum Household Composition thresholds. The table below provides examples of household compositions that are within each Maximum Income threshold. Income thresholds are updated by the Government of Alberta annually. Dependents are anyone living in the household who are under 25 and are living with a parent or guardian.

Maximum Income Threshold by household Type	1 Adult	2 Adults	1 or 2 Adults & up to 2 dependents	1 or 2 adults & up to 3 dependents	1 or 2 adults & up to 4 or more dependents
Whitecourt	\$34,500	\$42,500	\$51,000	\$56,000	\$62,500
Mayerthorpe/Onoway	\$34,500	\$42,500	\$48,500	\$49,500	\$66,500



Step 1 - Complete the Application		

Number(s)

**Primary Email** 

WHAT ARE THE 5	TEPS TO APPLYING FOR RENTAL ASSISTANCE BENEFITS?	
Step 1 - Complete t	ne Application	
□ Please only s □ IMPORTANT social worker □ Each housel ( ( ) • F is	Complete this form and include important documents that will help verify your household income. The application checklist located at the end of this form is helpful to ensure you submit a complete application.  Please only send copies of requested documents. Originals will not be returned.  IMPORTANT: If you would like someone not listed on this application to speak with LSAF on your behalf (e.g. a social worker, family member or friend), please fill out the Consent to Release Personal Information form.  Each household member is required to provide proof of identity:  • For those 18 years of age or older, this can be in the form of a photocopy of your government issued ID (e.g. driver's license, passport, residency card etc.) or can be shown to our staff if you are dropping your application off in person.  • For dependents, please provide a copy of their provincial health care card, birth certificate, government issued photo ID or driver's license.  • Copies of your household's personal identification will not be kept on file. Once verified, copies will be securely destroyed.   **Eps 2 - Submit Your Application**  Email completed applications to: **adminclerk@lsaf.ca.** In person drop-off is also available at the Lac Ste. Anne Foundation office during regular office hours.  **Lac Ste. Anne Foundation - Administration Office**  Mailing Address**  PO Box 299, Mayerthorpe, AB TOE 1N0  Phone: (780) 786-3100  **Bay 3 - Application will be processed**  Laplicants will be contacted upon receipt of their application within 5 business days. We will request any missing ormation and, if you are eligible, a time will be set up to review your information virtually, by phone or at our office. ter we review your file, you will receive a letter confirming your status. If approved, you will be added to the waitlist.  HOW DID YOU HEAR ABOUT US?    Website/Online Search	
Step 2 - Submit You	r Application	
☐ Email comple	eted applications to: <a href="mailto:adminclerk@lsaf.ca">adminclerk@lsaf.ca</a> . In person drop-off is also available at the Lac Ste. Anne	
	Lac Ste. Anne Foundation - Administration Office	
checklist located at the end of this form is helpful to ensure you submit a complete application.    Please only send copies of requested documents. Originals will not be returned.     IMPORTANT: If you would like someone not listed on this application to speak with LSAF on your behalf (e.g. a social worker, family member or friend), please fill out the Consent to Release Personal Information form.    Each household member is required to provide proof of identity:   Each household member is required to provide proof of identity:   For those 18 years of age or older, this can be in the form of a photocopy of your government issue (e.g. driver's license, passport, residency card etc.) or can be shown to our staff if you are droppi your application off in person.   For dependents, please provide a copy of their provincial health care card, birth certificate, govern issued photo ID or driver's license.   Copies of your household's personal identification will not be kept on file. Once verified, copies will securely destroyed.    Step 2 - Submit Your Application   Email completed applications to: adminclerk@isaf.ca. In person drop-off is also available at the Lac Ste. Anne Foundation office during regular office hours.    Lac Ste. Anne Foundation - Administration Office   Mailing Address   Office Hours   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Monday to Friday: 8:00 am - 4:30 pm   Phone: (780) 786-3100   Phone: (7		
A. HOW DID YOU I  Website/Online Community Ser	HEAR ABOUT US?  Search Brochure Referral Other (Please List)  vices Social Media	
SECTION 1: Conta	act Information	
Legal Name		
Pronoun	MPORTANT: If you would like someone not listed on this application to speak with LSAF on your behalf (e.g. a social worker, family member or friend), please fill out the <u>Consent to Release Personal Information</u> form.   Each household member is required to provide proof of identity:   For those 18 years of age or older, this can be in the form of a photocopy of your government issued ID (e.g. driver's license, passport, residency card etc.) or can be shown to our staff if you are dropping your application off in person.   For dependents, please provide a copy of their provincial health care card, birth certificate, government issued photo ID or driver's license.   Copies of your household's personal identification will not be kept on file. Once verified, copies will be securely destroyed.	
Preferred Name	Date of Birth:	
Status	☐ Canadian Citizen ☐ Permanent Resident ☐ Privately Sponsored	
Preferred Contact Type	Phone Email Mail	
Phone		



SECTION	2: Curren	t Accommodation				
able to provi	de a copy of e start and e	your current lease agreem	ent as part of your app se agreement. Ensure	lication. In t that you ha	his section, p	ting your accommodation and be blease list your current address bleted the Consent to Landlord
CURRENT ADDRESS						
Dates of Oc	cupancy (M	M/DD/YYYY- MM/DD/YY	YY):			
Is this addre	ess consider	ed a basement suite*?	Yes No			
*Basement	suites must	be considered legal. Sta	ntus & permits will be	verified wi	ith the munic	cipality.
SECTION	3: Housel	nold Composition				
info If all enre the If yo	vide information as it in household ollment in poend of this four are expected.	I members between the ag st-secondary education. <i>E.</i> orm.	ssued identification. <i>Pl</i> ges of 22-24 are attend examples of student state to change within the y	ease attach ing school f atus can be ear, please	additional pa ull-time, plea found on the include docu	ages if more room is needed. se include proof of student Application Checklist located at mentation to support this change
First Na	ame(s)	Last Name	Date of Birth	Age	Gender	Relationship to Primary Applicant
SECTION	4: Identify	ring Target Populatio	ons (Optional)			
If you, the pr	imary applica	ring Target Population ant or any member of your Definitions outlined by the A	household identifies v	-		
If you, the prapplicable be	imary applica oxes below. I	ant or any member of your	household identifies v Alberta Government c an asterisk(*)	-	in the docun	
If you, the pr applicable be PLEASE May	imary applica oxes below. I NOTE: Popul require us to	ant or any member of your Definitions outlined by the a ations listed in <b>bold with a</b>	household identifies v Alberta Government c an asterisk(*) worker.	-	in the docun	nent: Target Populations.
If you, the pr applicable be PLEASE May	imary applica oxes below. I NOTE: Popul require us to Person with a	ant or any member of your Definitions outlined by the <i>i</i> ations listed in <b>bold with a</b> follow up with your social	Alberta Government con asterisk(*) worker. disability	an be found	in the docun	genous person

Diverse sexual orientation, or gender identity

Racialized group



#### **SECTION 5: Household Income**

The household's total combined gross income must be below the income threshold for the municipality where the rent supplement applied for is located and in which the household makes the application (see first page for income thresholds & household composition details). *Please attach additional pages if more room is needed.* 

For household members age 22 or older:

- Please submit a copy of your most recent Income Tax Notice of Assessment (NOA) from Canada Revenue Agency showing the amount on Line 15000.
- If you do not have access to your NOA, please call our office for further instructions to verify your household income.
- If you are a recipient of AISH, please indicate and include proof of this with your application. Individuals who receive AISH qualify for a deduction against their total household income amount.

	PRIMARY APPLICANT	HOUSEHOLD MEMBER (1)	HOUSEHOLD MEMBER (2)	HOUSEHOLD MEMBER (3)
AISH (Assured Income for Severely Handicapped)				
Line 15000 of most recent NOA	\$	\$	\$	\$

#### **SECTION 6: Declaring Assets**

- To be eligible for the Rent Supplement program, a household cannot hold over \$25,000 in eligible assets as defined by the Social Housing Accommodation Regulation.
- Assets are defined as all property (including cash & liquid assets).
  - Financial assets (e.g. certain investments, cash and savings accounts)
  - Personal assets (e.g. equity in a property owned, motor vehicles, and equipment)
- ONE PERSONAL VEHICLE IS EXEMPT FROM THE LIMIT.
- Other assets that would be **exempt from this limit** include, but are not limited to, household furnishings & appliances, clothing for personal use, tools, agricultural equipment and supplies necessary for a profession or trade, assets in pension funds, registered retirement savings plans, or amounts in tax free savings accounts.
- If your household is currently undergoing a separation and a division of assets is occurring, please include a copy of your
  recent mortgage statement and tax assessment for a residential property. Other documentation supporting the division of
  assets may be requested if applicable.

Please list the type and total value of each asset that is applicable to your household below.

Reminder: ONE PERSONAL VEHICLE IS EXEMPT FROM THE LIMIT. A second vehicle is exempt if used for work purposes.

ASSET DECLARATION	PRIMARY APPLICANT	HOUSEHOLD MEMBER (1)	HOUSEHOLD MEMBER (2)	HOUSEHOLD MEMBER (3)
Total Combined Asset Amount(s)	\$	\$	\$	\$



#### C. APPLICANTS DECLARATION AND CONSENT

All applicants 18 years and older must sign the application. The application will not be processed without these signatures.

- 1. I/we authorize the LSAF to make enquiries necessary to any government office organization, agency, or individual for the purpose of verifying the information provided in this application.
- 2. I/we authorize LSAF to contact and receive information from current and/or previous landlords to complete reference checks for the purpose of assessing suitability as a prospective recipient of rent assistance benefit.
- 3. I/we understand that this personal information is being collected under authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with Alberta privacy legislation and can be reviewed or corrected upon request. Questions regarding the collection of personal information can be directed to the CAO at the Lac Ste. Anne Foundation by phone at 780-786-3167, or by email at dkrysik@lsaf.ca.
- 4. I/we understand that:
  - This application is not an agreement on the part of LSAF to provide me/us with rent benefit assistance.
  - Failing to respond to requests from additional information may result in the application being cancelled.
  - Providing false information to LSAF may result in the application being cancelled or no longer eligible.
  - If I/we are being considered for an available benefit, LSAF may need additional information to make sure my/our information is up to date in order to ensure that our household still qualifies.
  - It is my/our responsibility to keep LSAF updated with any changes to my/our household circumstances including but not limited to changes in contact information and address, household composition, or income.

(Signature of Primary Applicant)	(Signature of Co- Applicant)	(Date)
(Signature of Co- Applicant)	(Signature of Co- Applicant)	(Signature of Co- Applicant)

FOR OFFICE USE ONLY	
Reviewed By:	Initials:
□ Application Incomplete Reason(s)	
□ Application Accepted □ Application Ineligible	Reason(s)
□ Applicant contacted on (date):	☐ Support Services Recommended to Applicant (if applicable)



# **Rent Assistance Benefit**

### CONSENT TO LANDLORD REFERENCE CHECK

SECTION ONE - PERSONAL INFORM	MATION		
First Name(s):	Last Name:		Preferred Name (if different):
SECTION TWO – AUTHORIZATION L	ETTER		
This is to identify that I,  Information and Protection of Privacy Act, F  Foundation conducting this reference check  • Determining my (and my households  • Administering the program in which	k for the purpose of: s) eligibility for rent ass	ndlord to answer questi sistance benefits; and	n section 40 – (1)(d) of the Freedom of ions requested by staff at the Lac Ste. Anne
<ol> <li>Can you confirm that the applicant of longer rent with you.</li> <li>What type of accommodation is this</li> <li>Does anyone else live with the applicant related to you in any</li> <li>Please confirm their monthly rent and</li> <li>Is the monthly rent being paid and on</li> </ol>	currently rents from you address? (apartment, icant? Please provide o way directly or indirec nount and utility payme	? Please list the start of basement suite, etc.) details.	late of their tenancy and end date if they no
Landlord Name:	Phone #:		Email:
Tenancy Start Date:		Tenancy End Date (If a	applicable):
Month / Day / Year		Month / Day / Year	
SECTION THREE – AUTHORIZATION	SIGNATURE		
I understand that I may cancel this consent	at anytime with verbal	or written notice.	
Applicant/Tenant Name:	Applicant/Tenant Sign	ature:	Date:



# **Rent Assistance Benefit**

## **APPLICATION CHECKLIST**

First Name(s)	Last Name	
DECLUDED DOCUMENTATION		
REQUIRED DOCUMENTATION  1. Application for Rent Assistance Benefits For	rm	
	sment showing line 15000 (for each applicant 22 years of age & older)	
<ol> <li>A copy of your income hax notice of Assess</li> <li>Consent to Landlord Reference Check Form</li> </ol>		
4. A copy of your households CURRENT ho	Justing lease agreement	
5. Government Issued Identification  Each Household member is require	. 1.6	
<ul> <li>For those 18 years of age or driver's license, passport, re- off in person.</li> <li>For dependents, please prov- issued photo ID or driver's license.</li> </ul>	r older, this can be in the form of a photocopy of your government issued ID (e esidency card, etc.) or can be shown to our staff if you are dropping your applic vide a copy of their provincial health care card, birth certificate, and governmen	cation
SUPPORTING DOCUMENTS (IF APPLIC 1. Copy of AISH benefit statement (for each re	CABLE) ecipient)	
2. Consent to Release Personal Information Fo	orm	
3. Permanent Resident or Immigration Status of	documentation	
4. Mortgage Statement (if currently undergoing	g a separation & a division of assets is occuring)	
5. Tax Assessment for residential property (du	ue to same reason listed above)	
6. Verification of student status		
<ul> <li>post-secondary education. These of A</li> <li>Student Funding Notice of A</li> <li>Letter from registrar/school of AB Works Student Learners</li> </ul>	Assessment showing start and end date of school term on letterhead stating client is a full-time student	ent in
<ul> <li>Specific to second vehicles of be determined</li> <li>Equity in owned property</li> <li>Certain investments, cash or</li> <li>Assets that are considered exempt</li> <li>Essential personal and hous</li> <li>Tax Free Savings Account (*</li> <li>Assets in pension funds, reg</li> <li>Tools, agriculture equipment</li> </ul>	not used for work purposes, camper/trailer, quad, or boat) only, please provide copies of loan/payment information so that the asset value or money in savings accounts t for priority scoring purposes include: sehold effects (clothes & furniture) (TFSA) gistered disability plans, or registered education & retirement savings plans at and supplies necessary for a profession or trade and from the government of Alberta or Canada	e can
STAFF USE ONLY		