

*Provides individuals, families and seniors with affordable and caring accommodation.*

***Application for RENTAL ASSISTANCE BENEFIT (RAB)***  
**INSTRUCTIONS FOR COMPLETING APPLICATION**

Complete ALL questions and supply ALL of the requested information. If a question does not apply to your situation, mark N/A in the section.

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS**

1. Most recent **NOTICE OF ASSESSMENT**- What Canada Revenue Agency (CRA) returns to you upon the completion your taxes. In some cases, this is not mailed out but is available for you to access online instead. (Contact CRA at 1-800-959-8281 to request replacement documents OR log into your CRA My Account and click “Proof of Income Statement” to view and print.
2. If you are **Currently employed**, please provide your last 3 months of paystubs or a letter from your employer to verify your employment.
3. If you are **recently unemployed**, please provide your Record of Employment (ROE)
4. If you receive **AISH or Social Assistance Benefits**, please provide a copy of your Income Support Budget/Health Benefits card with benefit amount.
5. If you are receiving **Employment Insurance (EI)**, please provide your “My Current Claim” page, accessible through the My Service Canada website to show your gross benefit amount.
6. If you are receiving **Pensions**, please provide your pension confirmation letter(s) to verify or provide a 30-day bank statement (unaltered deposits).
7. If you are receiving benefits through **Workers Compensation Board**, please provide documentation.
8. If you are a student at a post-secondary institution, please provide your **Student Finance “Notice of Assessment” (Funding Allocation)** or your student funding information from Alberta Works (Foundational Learning Assistance).
9. If you receive **Federal or Provincial Benefits**, please provide verification from the CRA (Canada Revenue Agency)
10. Residential Lease agreement for your **current rental property**.
11. **Most recent** rental receipt from your landlord.
12. One full month of **Bank Statements**.

Your completed application must be signed and witnessed.

Please call 403-223-2767 Ext 4 to set up an appointment for an interview when your application is completed. If your application is selected, the Placement Officer will notify you immediately.

Interview Date:

Interviewer:

**UPDATES are required if there are changes with:**

- ◆ Your source of income
- ◆ Family size
- ◆ Address, phone number etc.

**IF TABER & DISTRICT HOUSING FOUNDATION HAS NOT CONTACTED YOU WITHIN 90 DAYS FOLLOWING YOUR INTERVIEW YOU MUST:**

Renew your application in person by setting up an appointment with our Placement Officer at 403-223-2767 Ext 4.

**THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED, AND ALL PROOF OF INCOME IS PROVIDED.**

**PLEASE READ CAREFULLY**

I/We understand that this application does not constitute an agreement on the part of Taber & District Housing Foundation, to provide me / us with rental accommodation.

I/We further acknowledge the right of Taber & District Housing Foundation, at any time prior to the execution and delivery of a lease hereby Applied for, to withdraw, revoke, or cancel without penalty or liability for damages, or otherwise, any acceptance or approval of this application previously made or given.

I/We hereby authorize Taber & District Housing Foundation to make any inquiries you deem necessary to verify the facts contained herein by any method that Taber & District Housing deems necessary, being fully aware that discovery of any false statement shall cancel any further consideration of any application.

I/We further agree that I/We am/are obligated to advise Taber & District Housing Foundation, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

***ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL***

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Applicant)

Taber & District Housing Foundation provides the Commissioner for Oaths service free of charge, during the interview.

**“Picture Identification Required”**

Dominion of Canada ) In the matter of this application for dwelling  
Province of Alberta ) accommodation in the Housing Project.

I/We \_\_\_\_\_ of the Town of \_\_\_\_\_ in the Province of Alberta, do solemnly declare as follows:

1. That I/We am/are the applicant(s) named in the said application.
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information, and belief, full and true in all respects.
3. I/We have resided in the Province of Alberta for \_\_\_\_\_ years of my/our life, and in the district for \_\_\_\_\_ years.

And I/We made this solemn declare conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the “Canada Evidence Act”.

Declared before me ) \_\_\_\_\_  
At the \_\_\_\_\_ of \_\_\_\_\_ ) Signature of Applicant  
in the Province of Alberta ) \_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ ) Signature of Applicant

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of Alberta

\_\_\_\_\_  
Printed Name of Commissioner for Oaths

**Type of accommodation applying for:**

- Bachelor Suite
- One (1) Bedroom Suite
- Two (2) Bedroom Suite
- Wheelchair Accessible

**Facility Preference: First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_**

1. Applicant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Present Address PO Box or Street Address: \_\_\_\_\_

City, Town or Village: \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

2. Co -Applicant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Present Address PO Box or Street Address: \_\_\_\_\_

City, Town, or Village: \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

3. Are you a Canadian Citizen? \_\_\_\_\_ Are you a Landed Immigrant? \_\_\_\_\_  
Are you a Permanent Resident? \_\_\_\_\_

(If yes, Landed Immigrant/Permanent Resident, papers must be provided)

Marital Status: Married  Divorced  Widowed  Single   
Separated  Adult Interdependent Relationship

4. Name of Persons to contact in case of emergency (if none available, please list closest friend):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you presently have a pet? Yes / No What kind? \_\_\_\_\_

**MOST ANIMALS ARE NOT PERMITTED**

5. Present Landlord's Name/Address/Email/Telephone #:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Email Address Phone #

6. **DESCRIBE PRESENT ACCOMODATION:** Circle One: **Rent** or **Own**

Present rent or house payment is \$ \_\_\_\_\_ per month, plus \$ \_\_\_\_\_ for heat,  
\$ \_\_\_\_\_ for lights and \$ \_\_\_\_\_ for water and sewer.

**Have you received a Utility Disconnect Notice?** \_\_\_\_\_ **If yes, please attach a copy.**

Is your present Accommodation a: House  Townhouse  Apartment  Rooming House   
Hotel or Motel  Other \_\_\_\_\_

Number of Person(s) sharing your present accommodation \_\_\_\_\_ Adults \_\_\_\_\_ Children

8. Family Doctor's Name: \_\_\_\_\_

Clinic: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

9. Is there any medical condition that could affect your housing needs that we should know about?  
(For example, is wheelchair accommodation a requirement?)

If yes, who? \_\_\_\_\_

In what way? \_\_\_\_\_

10. Reason for wanting to move?

\_\_\_\_\_  
\_\_\_\_\_

11. Have you been given a "NOTICE TO VACATE" ? \_\_\_\_\_ **Please submit copy of the notice and state the reason why)**

\_\_\_\_\_

P.O. Signature:



\_\_\_\_\_

14. **References** (not relative): (If Applicant is personally known by Housing Coordinator

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*\*\*IF APPLICABLE**

SOCIAL/SUPPORT WORKER'S NAME& AGENCY \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### Current Income and Assets

Cash on Hand: \$ \_\_\_\_\_ Cash in Bank Account: \$ \_\_\_\_\_

Interest on Bank Account: \$ \_\_\_\_\_ Investments (RRIF/ RRSP/TFSA/ GIC): \$ \_\_\_\_\_

Stocks/Bonds \$ \_\_\_\_\_ Real Estate (i.e., residence, land) \$ \_\_\_\_\_

Other (i.e.: Recreational vehicles) \$ \_\_\_\_\_ Do you own a vehicle? Circle one **YES/NO**

Make/Year \_\_\_\_\_ Estimated Value \_\_\_\_\_

**Provide the Gross Monthly Income (before deductions) from ALL SOURCES for ALL PERSONS listed on this application. This includes all income received from any type of pension, employment, bank savings, bonds, rental property, business investments, student loans etc. as listed below:**

Type of Income	Applicant Monthly Amount	Co Applicant Monthly Amount
Old Age Security(OAS) Guaranteed Income Supplement (GIS)	\$	\$
Canada pension Plan (CPP)	\$	\$
Alberta Seniors Benefit (ASB)	\$	\$
Child Support	\$	\$
AISH	\$	\$
WCB	\$	\$
Employment Insurance Benefits	\$	\$
Employment Income	\$	\$
Disability Benefit	\$	\$
Income Support/Social Assistance through Alberta Works	\$	\$
Student Loans/Grants	\$	\$
Partner/Spousal Support	\$	\$
Support for Foster & Kinship Caregivers	\$	\$
Maternity Leave	\$	\$
Support from Family	\$	\$
Assisted Refugees	\$	\$

**This confidential information is being collected under the authority of the Alberta Housing Act and in accordance with Alberta's Freedom of Information and Protection for Privacy Act to determine and verify eligibility of applicants for Social Housing with Taber and District Housing Foundation. For further information, please contact Taber and District Housing at 403-223-2767.**



## **AUTHORIZATION TO OBTAIN INFORMATION AND CONSENT TO DISCLOSE INFORMATION**

ELIGIBILITY FOR SOCIAL HOUSING ACCOMMODATION AND THE CALCULATION OF RENT THROUGHOUT THE TENANCY IS BASED UPON INFORMATION PROVIDED BY TENANTS AND OTHER MEMBERS OF THE TENANT'S HOUSEHOLD ON THE APPLICATION AND UPON UP-TO-DATE INFORMATION WHICH IS TO BE PROVIDED BY THE TENANT AND MEMBERS OF THE TENANT'S HOUSEHOLD FROM TIME TO TIME DURING THE PERIOD OF THE TENANCY. THE INFORMATION REFERRED TO IN THIS AUTHORIZATION MAY BE REQUESTED OR DISCLOSED FOR THE PURPOSE OF ASSISTING TABER & DISTRICT HOUSING FOUNDATION IN VERIFYING HOUSEHOLD AND INCOME INFORMATION CONTAINED IN AN APPLICATION FOR SOCIAL HOUSING ACCOMMODATION, ASSESSING AND CERTIFYING INITIAL AND ON-GOING ELIGIBILITY FOR SOCIAL HOUSING CIRCUMSTANCES IN ORDER TO CALCULATE OR RECALCULATE RENT PAYABLE FOR SOCIAL HOUSING ACCOMMODATION PURSUANT TO THE SOCIAL HOUSING ACCOMMODATION REGULATIONS UNDER THE ALBERTA HOUSING ACT.

Many employers or agencies who furnish assistance and/or benefits (Alberta Family and Social Services, Employment Insurance etc.) or others with whom you might deal, will not release information without the written consent from the employee, the recipient or a person with whom they deal. We, therefore, request the following be signed by all persons listed on your Family Composition Form list who are 18 years of age or older.

### **I/We do hereby authorize for any one or more of the above stated purposes:**

1. The Taber & District Housing Foundation or its designate to verify all information provided to TDHF relating to this application for housing and any future information provided to TDHF throughout the entire tenancy period. Such information may be verified by TDHF or its designate making inquiries of and obtaining information (including personal information) from previous, current and future employers; credit bureaus; financial institutions; federal; provincial or municipal government departments, offices agencies and boards, previous landlords, schools or educational institutions, and others from whom I receive income or benefits.
  
2. The Taber and District Housing Foundation or its designate to disclose any information (including personal information) and to provide copies of documents in the possession of Taber & District Housing Foundation to all federal, provincial and municipal government departments, offices, agencies or boards, interpreters, credit bureaus, financial institutions, past or future employers, schools or educational institutions and others from whom I receive income or benefits.

