

APPLICATION FOR – Rent Assistance Benefit (Confidential)

PLEASE READ CAREFULLY

This personal information is being collected under the authority of the Alberta Housing Act and will be used for administering the housing program. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

I understand that this is just an application and that it is not an agreement on the part of Brazeau Foundation, or its agents, to provide me with a Rent Assistance Benefit.

I authorize BRAZEAU FOUNDATION, or its agents to investigate any or all of the statements made by me in this application, **being fully aware that discovery of any false statement shall cancel any further consideration of my application.**

I further agree that I am obligated to advise the BRAZEAU FOUNDATION, or its agents, in writing, of any changes in family composition, gross family income, assets, employment, address/living location or roommate additions/deletions should they occur.

Signature of Witness

Signature of Applicant

DOMINION OF CANADA)
PROVINCE OF ALBERTA)
TO WIT:)

IN THE MATTER OF THIS APPLICATION
FOR RENT ASSISTANCE BENEFIT

I _____, of the _____
(City/Town/Village)
of _____, in the Province of Alberta, do solemnly declare:
(Name of City/Town/Village)

1. That I am the applicant named in this application;
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I have resided in the Province of Alberta for _____ years of my life and in Brazeau County / Town of Drayton Valley / Village of Breton for _____ years.
(Please Circle which municipality)

And I make this solemn Declaration 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)
in the Province of Alberta)
this day of , 20)

Signature of Applicant

Signature of Co-Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed Name of Commissioner My Appointment Expires on _____
Day/Month/Year

FOR OFFICE USE ONLY:

Received by: _____

Date Received: _____

APPLICATION FOR – Rent Assistance Benefit
(CONFIDENTIAL & Subject to Verification)

NOTE: PLEASE PRINT. Complete **ALL** questions supplying **ALL** of the requested information. If a question does not apply to your situation, mark **N/A** in the section. Should you wish to provide us with additional information, please use the space below or the reverse side of the application.

1.0 PERSONAL INFORMATION

1.1 Applicant's Name: _____
(Last) (First)

Email: _____ Bus. Phone: _____ Cell #: _____

1.2 Co-Applicant's Name: _____
(Last) (First)

1.3 Marital Status: Married _____ Widowed _____ Single _____
Divorced _____ Separated _____ Common Law _____

If Common Law or Separated, state how long: _____

1.4 **List all persons, INCLUDING YOURSELF**, who will be living with you should your application be approved:

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE DAY/MO./YR.	OCCUPATION/ SCHOOL GRADE
		APPLICANT		

1.5 Is baby expected? No _____ Yes _____ If Yes, estimated due date: _____

1.6 Name of Next of Kin: _____ Relationship: _____
Address: _____ Phone: _____

1.7 Are all members listed above Canadian Citizens? No _____ Yes _____
If **NO**, provide copies of immigration papers for members who are not Canadian Citizens.

2.0 PAST & PRESENT ACCOMMODATION

2.1 Present Legal Address: _____
(Municipality) (Postal Code)

Mailing Address (if different from legal location): _____ How Long there? _____

If less than one year please explain: _____

2.2 Do you own or rent your present accommodation? Own: _____ Rent: _____

2.3 If renting, name of present landlord: _____

Landlord's Address: _____ Phone: _____

2.4 Your Previous Address: _____

_____ How Long there? _____
(Municipality) (Postal Code)

Name of previous landlord: _____

Address: _____ Phone: _____

- 2.5 Have you ever resided in subsidized housing before? No _____ Yes _____
 If YES, Where? _____ When? _____
- 2.6 Have you ever been evicted? No ____ Yes _____. If yes, why? _____
- 2.7 Present rent / house payment is \$_____ per month + (\$_____ heat, \$_____ light, \$_____ water and sewer)
- 2.8 Is your present accommodation a: House: _____ Townhouse: _____ Apartment: _____ Rooming House: _____
 Hotel or Motel: _____ Mobile Home: _____ Other: _____
- 2.9 Rooms in your present accom: Kitchen: ___ Living Room: ___ Dining Room: ___ Bathrooms: ___ Bedrooms: ___
- 2.10 Do you share any part of the accommodation with person(s) other than those listed in this application? No ___ Yes ___ If Yes, how many? Adults _____ Children _____
 What part of accommodation is shared? _____
- 2.11 If you do not pay rent, do you contribute financially? No _____ Yes _____
 If yes, specify: _____

3.0 ASSETS: Cash on Hand: \$_____ Cash in Bank Account: \$_____

Stocks, Bonds, Mutual Funds, etc. \$_____

Other Assets (Property/Land Ownership): _____ \$_____

NOTE: Essential personal/household effects (clothes, furniture, vehicle, etc.) are not included as assets.

4.0 VEHICLES #1: _____ / _____ / _____
 Year Make Model \$Value Color License Plate

#2: _____ / _____ / _____
 Year Make Model \$Value Color License Plate

5.0 STATEMENT OF INCOME

All information regarding your family's income/employment must be complete and accurate.
Each source of income must be verified. Provide details of current employment held in the last twelve (12) months beginning with the most recent employer.

Applicant Name: _____

Company Name & Address	Employed		Rate of Pay		Hrs./ Week
	From	To	Gross/Mth.	Hourly	

Name of Co-Applicant or Dependent: _____

Company Name & Address	Employed		Rate of Pay		Hrs./ Week
	From	To	Gross/Mth.	Hourly	

You will be required to provide a signed letter from the employer of **EACH** working member in your family stating the rate of pay, hours worked per week, total earnings, and start date of current employment.

HAVE YOU RECEIVED ANY OTHER SOURCES OF INCOME IN THE PAST TWELVE (12) MONTHS? (PLEASE INDICATE N/A IF NOT APPLICABLE).

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO	GROSS MONTHLY INCOME
A. Self-Employment			
B. Employment Insurance			
C. Student Grants etc.			
D. Social Assistance			
E. Workers' Compensation			
F. Child Support / Alimony			
G. Pension			
H. Old Age Security (OAS)			
I. Guaranteed Income Sup.			
J. Alberta Seniors Benefit			
K. OTHER INCOME:			
(Tips, Interest, Royalties...)			

YOU WILL BE REQUIRED TO PROVIDE THE FOLLOWING:

- Submit a **Financial Statement**, subject to review by the Foundation, if you are self-employed;
- Submit a letter from the relevant official, that shows the amount you receive if you or any member of your family receives Employment Insurance, Workers' Compensation or Social Assistance;
- Documentation to verify all other sources of income i.e. child support, oil royalties, etc.
- Students - a letter from your school's registrar verifying your registration as a full-time or part-time student. This is required for household head, co-applicant and dependents over eighteen years.

6.0 REASONS FOR APPLYING FOR THE DIRECT RENT SUPPLEMENT PROGRAM:

Please describe your present accommodation and anything else you would like us to know. Explain your reasons for applying for Direct Rent Supplement as only those in the greatest need **may** be assisted. NOTE: If you have been given a 'NOTICE TO VACATE', please submit a copy of the notice stating the reason for the eviction.

[The Applicant is RESPONSIBLE for ensuring all information is complete within the application. Information missing from the application WILL delay the process. Please reread your application.] Thank you.