



RENT ASSISTANCE BENEFIT (RAB) & COMMUNITY HOUSING APPLICATION FORM

IMPORTANT: PLEASE READ BEFORE COMPLETING APPLICATION

Wood Buffalo Housing is a public not-for-profit organization that provides affordable housing to senior citizens, families and individuals. Wood Buffalo Housing requires that all information provided is accurate and will be held in confidence. The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy (FOIP) Act Section 33(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. Information acquired on this form will be kept secure and access is restricted. If you have any questions about the collection, contact the **FOIP Coordinator at Wood Buffalo Housing Office, 9011-9915 Franklin Ave, Fort McMurray, AB T9H 2K4**. The phone number is **(780) 799-4050**.

The **Rent Assistance Benefit (RAB)**, formerly referred to as the Direct to Tenant Rent Supplement (DTRS) program is intended to serve households in core housing need with lower incomes and ongoing need. This Benefit is available throughout the Regional Municipality of Wood Buffalo.

The **Community Housing program** provides housing for tenants to pay an affordable rent amount of either 30 per cent of their adjusted gross monthly household income or the core shelter rates if they are receiving Income Support.

Wood Buffalo Housing has units located in Anzac, Beacon Hill, Downtown, Dickensfield of Fort Chipewyan.

Application Package:

Please read the following information before completing the application.

1. Please complete and sign the application in *full*. Please answer all questions that apply, and those that do not indicate with N/A. Do not leave any section blank.
2. All appropriate documentation must be submitted along with the application.
3. Please return the application to the **Administration Office** located at **9011-9915 Franklin Avenue, Fort McMurray, AB.**

Other Information:

Attached is a Frequently Asked Question (FAQ) sheet that you can read and retain for your own information regarding the application process and the ongoing application status.

If there are any questions or concerns while filling out the application, please contact Wood Buffalo Housing at **(780) 799-4050**.

Once the application is received by our office, if you wish to speak to a Wood Buffalo Housing representative in person or over the phone, please be prepared to verify your identity. If you would like for someone to communicate with WBH on your behalf, please list that person(s) on the attached *Consent to Release* form along with your signature.

Program Applying for (Check at least one):

Rental Assistance Benefit

Community Housing

APPLICATION FORM

1. Applicants

Is the applicant over the age of 18 years at the time of applying? Yes No

2. Annual Household Income

Verification **MUST** be provided for everyone who will reside in the unit over the age of 18 as follows (please check all that apply):

Income Type	Required Documentation
<input type="checkbox"/> Employment	Everyone listed in the household over the age of 18 years must provide three (3) of their most recent month's paystubs showing the GROSS monthly earnings. Also provide a letter of employment on company letterhead or the employer can complete the attached <i>Employer Verification Form</i> .
<input type="checkbox"/> Employment Insurance	Copy of "My Current Claim" showing GROSS weekly benefit and number of weeks claimed.
<input type="checkbox"/> Assured Income for the Severely Handicapped	Copy of current Notice of Eligibility stating effective date, family member(s) and amount received.
<input type="checkbox"/> Social Assistance/Income Support	Copy of current Notice of Eligibility stating effective date, family member(s) and amount received.
<input type="checkbox"/> Worker's Compensation	Letter or stub verifying GROSS monthly benefits.
<input type="checkbox"/> CPP or other pensions <input type="checkbox"/> Old Age Security	Letter verifying GROSS amount of monthly benefit or verification from Service Canada. If over the age of 65, please provide Notice of Assessment for previous tax year indicating Line 150.
<input type="checkbox"/> Child Maintenance <input type="checkbox"/> Alimony/Spousal Support	Include copy of court order or notarized agreement between yourself and spouse.
<input type="checkbox"/> Student Finance Assistance	Provide documentation verifying financial assistance.
<input type="checkbox"/> Home Based Business <input type="checkbox"/> Taxi Operator Verification	Copy of three (3) most recent month's revenue/sales and expenses. Documents should be supported by appropriate receipts/invoices.

*Additional information may be required.

3. Family Composition

In order to determine the size of the household, the number of people who will be residing in the unit must be verified. Verification must be provided as follows:

Household	Required Documentation
<input type="checkbox"/> Minors	Copy of Alberta Health Care card or number.
<input type="checkbox"/> Adults (Over the age of 18)	Copy of photo ID (License, Gov ID, etc.)
<input type="checkbox"/> Pregnant	Confirmation of pregnancy from physician stating the due date of child.
<input type="checkbox"/> Change in Household	If family members are listed but are expected to arrive at a later date, provide confirmation of arrival.

**Additional information may be required.*

4. Total Household Assets

In order to determine the net worth of the household, all information regarding assets must be provided. This includes leased/owned vehicles, recreational vehicles, bank accounts, and owned properties. Verification must be provided as follows:

Asset	Required Documentation
<input type="checkbox"/> Motor/Recreational Vehicle	Vehicle registration plus proof of market value for ALL household vehicles.
<input type="checkbox"/> Mortgage	Amount owing on total mortgage and current value assessment on property.
<input type="checkbox"/> Bank Accounts	Provide a 30-day transaction history for ALL household bank accounts held by ALL adult members of the household.

**Additional information may be required.*

5. Status in Canada

In order to determine further eligibility of the household, verification of status in Canada must be provided as follows:

Status	Required Documentation
<input type="checkbox"/> Canadian Citizen	Birth Certificate, CAN Passport, Citizenship Card
<input type="checkbox"/> Permanent Resident	PR Card, Certificate of PR
<input type="checkbox"/> Refugee	Certificate of Refugee status
<input type="checkbox"/> Sponsorship	Verification of sponsorship indicating sponsor and sponsored person(s)
<input type="checkbox"/> Other	Visa or other proof of status

**Additional information may be required.*

6. Other

Current Lease Agreement

Any other supporting information you feel may be necessary to support the current situation, please submit along with other required documentation.

CONSENT TO COMMUNICATE VIA EMAIL

On July 1, 2014 Canada's anti-spam legislation came into effect. This legislation requires Wood Buffalo Housing to obtain express consent from everyone we communicate with. Therefore, in order to receive any form of email from anyone at Wood Buffalo Housing we need your consent:

I, _____ hereby consent to Wood Buffalo Housing communicating with me via email.

My email address is: _____ . I am also aware that I can withdraw my consent at any time.

Applicant Signature

APPLICANT INFORMATION:

Applicant:					
Last Name		First Name		Middle Name	
Mailing Address			City	Province	Postal Code
Birthdate (mm/dd/yy)			Gender	Marital Status	
Social Insurance Number					
Contact Information					
Home #		Cell #		Work #	
Email Address					

Co-Applicant:					
Last Name		First Name		Middle Name	
Mailing Address (If different than above)			City	Province	Postal Code
Birthdate (mm/dd/yy)			Gender	Marital Status	
Contact Information					
Home #		Cell #		Work #	
Email Address					

FAMILY INFORMATION:

Family Listing						
List the names and information of all members who will be residing in the household, as well as applicant and co-applicant (if applicable) information.						
Last Name	First Name	Date of Birth (mm/dd/yy)	Gender	Relationship to Applicant	Full-Time Student(Y/N)	Status in Canada

Do you expect the number of people in your family to change in the next 12 months?

YES NO

If yes, please explain:

Are you expecting a baby?

YES NO

If yes, what is the due date?

Do you require a live-in aide?

YES NO

Are you currently receiving services from another community agency/agencies?

YES NO

If yes, which agency/agencies?

**Please attach a letter of support and fill out the attached Consent to Release Form with the agency listed.*

Do you own a pet(s)?

YES NO

If yes, list the type(s) and number of each:

INCOME INFORMATION:

Income Information	
List and provide copies of income received for all household members over the age of 18 years.	
Name	Employer/Source of Income

ASSET INFORMATION:

Assets	
List all assets within the list below. Documents are required for all items listed as well as bank statements for all accounts held by household members.	
Asset	Value (\$)
Cash on Hand	
Cash in Bank Accounts	
Stocks/Bonds/Mutual Funds	
Property (Full/Part ownership in real estate/land)	

Vehicle				
Do you have vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO How many vehicles do you have?				
Vehicle #1	Year:	Make:	Model:	Lease end date:
Vehicle #2	Year:	Make:	Model:	Lease end date:
Vehicle #3	Year:	Make:	Model:	Lease end date:

Recreational Vehicle		
Do you own a recreational vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Year:	Make:	Model:

Other Motorized Vehicles (ATV, Motorcycle, etc.)			
Type:	Year:	Make:	Model:
Type:	Year:	Make:	Model:

HOUSING INFORMATION:

Housing History List previous rental/home ownership information for the past three years starting with your current residence. Please provide current lease agreement to confirm current rental information.		
Current Address: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____		
Rooms in accommodation: <input type="checkbox"/> Kitchen <input type="checkbox"/> Living Room <input type="checkbox"/> Dining Room ___ #bedrooms ___ # bathrooms Type of accommodation: <input type="checkbox"/> House <input type="checkbox"/> Basement Suite <input type="checkbox"/> Trailer <input type="checkbox"/> Duplex <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____		
I lived there From:	To:	Reason for leaving:
Landlord Name:		Landlord Phone Number:
Previous Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____		
I lived there From:	To:	Reason for leaving:
Landlord Name:		Landlord Phone Number:
Previous Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____		
I lived there From:	To:	Reason for leaving:
Landlord Name:		Landlord Phone Number:

The Social Housing Program is governed by law through the Residential Tenancy Act and the Alberta Social Housing Act. We require references from previous landlords in relation to your ability to pay rent when due and to look after the premises. **Additional references may also be required.*

LANDLORD REFERENCE AUTHORIZATION

By my/our signature(s) below, I/we,

_____,
hereby authorize Wood Buffalo Housing to contact my previous landlords (listed on the Housing Information section) to acquire a reference on my/our tenancy.

I/We know that this reference will provide details of my/our rental payment history, length of tenancy, condition of the premises and compliance issues of the Tenancy Agreement to the Corporation.

Dated this _____ day of _____, 20____.

Witness

Signature

Witness

Signature

DECLARATION

I/We _____ and

_____ do solemnly declare as follows:

1. That I/We are the applicant(s) on this application for subsidized housing with Wood Buffalo Housing;
2. That the statements made by me/us in this application for subsidized housing with Wood Buffalo Housing are to the best of my knowledge, information and belief, full and true in all respects;
3. And I/We make this solemn Declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

Declared before me at the City of Fort McMurray, in the Province of Alberta, this _____ day of _____, 20____.

Signature of Applicant

Signature of Applicant

EMPLOYMENT INFORMATION (to be completed by applicant)

Name of Employee: (first) _____ (last) _____

Address of Employee: _____

Name of Employer: _____ Date Started: _____

Address of Employer: _____

Dear Sir/Madam:

Wood Buffalo Housing is required to verify income for both applicants and present benefit recipients for the purpose of establishing eligibility and determining level of rental assistance.

The applicant/tenant has indicated that he/she is presently or has been employed by you. Your assistance is requested by completing the information section of this form and returning it to our office. The applicant/tenant has authorized the release of this information as indicated below.

I, (please print) _____, the undersigned, hereby authorize your organization to release any information requested by Wood Buffalo Housing.

Head Office
9011-9915 Franklin Avenue
Fort McMurray, AB T9H 2K4
Telephone (780) 799-4050 Fax (780) 799-4025

Signature (employee)

(Date)

EMPLOYMENT INFORMATION (to be completed by employer)

Position Held: _____

Dates of Employment: (from) _____ (to) _____

Termination Date (if applicable) _____

Income: Gross Monthly Salary _____ Hourly Rate of Pay _____

Hours Per Week (average) _____ Straight Time _____ Overtime _____

Additional Information:

- a. Average tips per week \$ _____
- b. Bonuses or incentive pay received for the past 12 months \$ _____
- c. Commissions received for the past 12 months \$ _____
- d. Fort McMurray allowance \$ _____

Authorized Representative

Telephone Number

Position Held

Date Completed

FREQUENTLY ASKED QUESTIONS

What are your office hours?

- Wood Buffalo Housing is located at 9011-9915 Franklin Avenue, Fort McMurray, AB. Our office hours are Monday to Friday from 8:30 a.m. until 4:00 p.m. We are available via phone from 8:30 a.m. to 4:30 p.m. at 780-799-4050.

I have applied for Wood Buffalo Housing Rent Assistance Benefit (RAB) or Community Housing. What happens next?

- The application will be processed and placed accordingly by the information received on a waitlist. You will receive a letter in the mail or via email advising you of your application status.

How long do I have to wait?

- We are unable to determine wait times for Rent Assistance Benefit (RAB) or Community Housing. The waitlist fluctuates on a regular basis and funding/housing will be offered based on the highest priority once funding is available.

How is priority determined?

- Priority of need is determined by the Social Housing Accommodation Regulation (SHAR). Current circumstances that may affect a living situation are used to determine priority further determining waitlist placement and possibility of the allocation of housing. Further information can be found on the Service Alberta website.

How do I report changes to my situation?

- Please contact our office at 780-799-4050 to ensure that your file is current.

How often should I be checking in on the status of my application?

- In order for your file to remain active on our waitlist, you must follow up with WBH a minimum of once a year from last point of contact or the application can be at risk of cancellation. If your application is next in line based on priority/need, we will be in contact with you via the information provided on the application.
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CONSENT TO RELEASE INFORMATION

I, _____, hereby give my consent for WBH to release the personal information contained in this application to/from the agency/individuals who are identified below:

Agency Contact Name

Agency Contact Telephone #

Agency Contact Name

Agency Contact Telephone #

Agency Contact Name

Agency Contact Telephone #

Agency Contact Name

Agency Contact Telephone #

The information to be released will be in the best interest of the applicant. This consent is valid for one (1) year from the date signed and may be cancelled at any time by written request from the applicant.

Applicant Name (Print)

Witness Name (Print)

Applicant Signature

Witness Signature

Date

Date
