



**APPLICATION FOR RENT ASSISTANCE BENEFIT (RAB)**

**Document Checklist: include the documents listed below for the RAB Program**

- Current Income Tax Notice of Assessment Line 15000
- Employment Income for each household member over the age of 22 - pay stubs for past 3 months
- ROE if issued in the past 4 weeks
- AISH Direct Deposit Statement (Health Benefits Card)
- Employment Insurance or WCB Income
- All other Sources of income – child tax, student loan & grants, Self-Employment, child support, spousal support, investment income
- Current three months of bank statements for everyone in the household - 22 years and older
- Lease Agreement
- Notice to Vacate / Eviction
- Alberta Health Care cards for all family members
- Housing required for custody confirmation
- Mental health/addictions written confirmation
- Emergency/Family Violence: Attach a letter from an Agency, shelter or advocate stating why this is an emergency situation

**PERSONAL INFORMATION:** This personal information is being collected under the authority of the Residential Tenancies Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

**Applicant's Name:** \_\_\_\_\_  
(last name) (first name)

**Date of Birth:** \_\_\_\_\_  
(month/day/year)

**Co-Applicant's Name:** \_\_\_\_\_  
(last name) (first name)

**Date of Birth:** \_\_\_\_\_  
(month/day/year)

**Date of Application:** \_\_\_\_\_

List all other persons, who will be living with you should your application be approved:

Last Name	First Name	Relationship to Applicant	Birth Date (MM/DD/YY)	Occupation or School Grade

Do you expect the number of people in your family to change in the next 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

Do all the people listed above currently live in the household full-time?  Yes  No

If No, provide the name of the person(s) and number of days per week they live in your household.

Name	Days/Week	Shared Custody		If not shared custody, reason not living with household full-time
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Present Address:** \_\_\_\_\_

Please include Mailing Address if different \_\_\_\_\_  
City/Town/Village \_\_\_\_\_ Postal Code \_\_\_\_\_

**How long at present address?** \_\_\_\_\_

**Home No.** \_\_\_\_\_ **Cell No.** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Marital Status:**

- Single  Widowed  Divorced  
 Married  Separated  Common-law

**Are all members listed above Canadian Citizens?**  Yes  No

**If no, provide copies of immigration papers for members who are not Canadian Citizens.**

**Please check off any of the following population groups that apply to yourself or the co-applicant:**

- Indigenous Peoples  Veteran  
 Individual fleeing violence or leaving second stage shelter \*  Recent Immigrant or Refugee (in Canada less than 5 years)  
 At risk of or transitioning out of homelessness \*  Racialized group  
 People dealing with mental health or recovering from addiction \*  Identify with diverse concepts of gender identity and expression or sexual orientation

\* Please contact FCSS or Community Links if you check (\*) this category. Supporting documentation may be required.

**MONTHLY INCOME:** Please provide a copy of your most recent Notice of Assessment

	<b>Applicant</b>	<b>Co-Applicant</b>
Old Age Security and Guaranteed Supplement	\$ _____ Yr.	\$ _____ Yr.
Alberta Seniors' Benefit	\$ _____ Yr.	\$ _____ Yr.
Spouse Allowance	\$ _____ Yr.	\$ _____ Yr.
Canada Pension Plan	\$ _____ Yr.	\$ _____ Yr.
Company Pension	\$ _____ Yr.	\$ _____ Yr.
Employment Income	\$ _____ Yr.	\$ _____ Yr.
Social Assistance or Other Income	\$ _____ Yr.	\$ _____ Yr.
Interest and Investment Income	\$ _____ Yr.	\$ _____ Yr.
RRIF, RRSP or Annuity Income	\$ _____ Yr.	\$ _____ Yr.
Other Income (Specify): _____	\$ _____ Yr.	\$ _____ Yr.
<b>Total:</b>	<b>\$ _____ Yr.</b>	<b>\$ _____ Yr.</b>

If you or your co-applicant has employment income(s), please state the name and addresses of your employer(s).

**Applicant's Employer:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Co-Applicant's Employer:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**ASSETS:** List all investments and/or assets and interest income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate (house), RRSP, etc. Note: Essential, personal household effects such as clothes and furniture are not included.

<b>Investment/Asset Description</b>	<b>Value</b>	<b>Interest/Income</b>
_____	\$ _____	Monthly \$ _____
_____	\$ _____	Monthly \$ _____
_____	\$ _____	Monthly \$ _____
<b>Total \$</b>	<b>\$ _____</b>	<b>Total \$ _____</b>

**Do you own a vehicle?**  Yes  No

**Please state the year and make of vehicle:** \_\_\_\_\_

**Vehicle Financing Owning and end date of financing:** \_\_\_\_\_

Do you have ownership in a business:  Yes  No

If Yes, list business name and address: \_\_\_\_\_

**CURRENT ACCOMMODATIONS:**

Do you own or rent your present accommodation:  Own  Rent

Present rent or house payment is \$\_\_\_\_\_ per month, plus  Gas -\_\_\_\_,  Power -\_\_\_\_,  Water -\_\_\_\_.

Specify your present accommodation:

- House  Townhouse  Apartment  
 Room & Board  Hotel or Motel  Other: \_\_\_\_\_

If renting, please provide the name of your present landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Rooms in your present accommodation:

- No. of Bedrooms included in your rent: \_\_\_\_\_  Total No. of Bedrooms in Present Housing.: \_\_\_\_\_  Dining Room  
 No. of Bathrooms: \_\_\_\_\_  Living Room  Kitchen

Number of persons sharing your present accommodation: \_\_\_\_\_ / \_\_\_\_\_  
(Adults) (Children)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you share use of the kitchen, bathroom, or your bedroom with other occupants?  Yes  No

If yes, # of persons (including yourself) sharing the kitchen: \_\_\_\_\_ / bathroom: \_\_\_\_\_ / bedroom: \_\_\_\_\_

Are your shower/bathtub/toilet/washbasin all located in your bathroom?  Yes  No

If no, please give details: \_\_\_\_\_

Are your stove/fridge/cupboards/counter space/sink all located in your kitchen?

Yes  No If no, please give details: \_\_\_\_\_

Have you received notice of rent increase in the past 3 months?  Yes  No

If Yes, specify amount (\$\_\_\_\_\_) & include notice.

If you have been given a "Notice to Vacate"/ "Eviction Notice", please submit a copy of the notice and state the reason for the eviction: \_\_\_\_\_

Do you currently support a dependent adult/child?  Yes  No

Please explain your reasons for applying for affordable housing/Rental Assistance Benefit that will assist us in the assessment of your application (attach paper if required):

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

**EMERGENCY CONTACTS:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Home No.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work/Cell No.** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Home No.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work/Cell No.** \_\_\_\_\_

**VALIDATION OF INFORMATION:**

I understand that this application does not constitute an agreement on the part of Rocky View Foundation to provide me with rental accommodation.

I further acknowledge the right of the Rocky View Foundation, or its agents, at any time prior to the execution and delivery to me of a benefit 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 hereby authorize the Rocky View Foundation, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree I am obligated to advise the Rocky View Foundation, or its agents, in writing of any changes in family composition, gross family income, assets, employment, or change of address should they occur.

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Co-Applicant**

(All applicants over the age of 18 years must sign)

The personal information collected through Rocky View Foundation is for the purpose of application for subsidized housing or rental benefits. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact the Housing Manager at Rocky View Foundation, 403-945-9724, or mail to Rocky View Foundation #103, 58 Gateway Dr. N.E. Airdrie, AB. T4B 0J6.