

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:
 - Suitable accommodation costs more than 30% of the household's total income on rent, and
 - 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:
 - 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.*
 - 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 **the acceptance of an application does not guarantee you will be approved for a financial benefit**. 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
 - The income thresholds for RAB are set by the Government of Alberta and are based on the combined 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	\$28,000	\$37,000	\$41,000	\$52,000	\$57,000
Mayerthorpe/Onoway	\$30,500	\$41,500	\$46,000	\$47,000	\$57,500

WHAT ARE THE STEPS TO APPLYING FOR RENTAL ASSISTANCE BENEFITS?

Step 1 - Complete the Application

- 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.

Step 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 T0E 1N0 Phone: (780) 786-3100	Office Hours Monday to Friday: 8:00 am - 4:30 pm

Step 3 - Application will be processed

All applicants will be contacted upon receipt of their application within 5 business days. We will request any missing information and, if you are eligible, a time will be set up to review your information virtually, by phone or at our office. After we review your file, you will receive a letter confirming your status. If approved, you will be added to the waitlist.

A. HOW DID YOU HEAR ABOUT US?

- Website/Online Search
 Brochure
 Referral
 Other (Please List) _____
 Community Services
 Social Media

B. APPLICANT INFORMATION

SECTION 1: Contact Information	
Legal Name	First: _____ Last: _____
Pronoun	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____
Preferred Name	Date of Birth: _____
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Citizenship Status	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored
Preferred Contact Type	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Phone Number(s)	_____
Primary Email	_____

SECTION 2: Current Accommodation

Please note that **in order to be eligible for rent assistance benefits, you must currently be renting your accommodation** and be able to provide a copy of your current lease agreement as part of your application. In this section, please list your current address along with the start and end date of your current lease agreement. Ensure that you have completed the **Consent to Landlord Reference Check Form** located on page 6 and include this with your application.

CURRENT ADDRESS

Dates of Occupancy (MM/DD/YYYY- MM/DD/YYYY):

Is this address considered a basement suite*? Yes No

**Basement suites must be considered legal. Status & permits will be verified with the municipality.*

SECTION 3: Household Composition

In this section:

- Provide information for all people (of any age) who are or will be living with the primary applicant. Copy down the information as it appears on government issued identification. *Please attach additional pages if more room is needed.*
- If any household members between the ages of 22-24 are attending school full-time, please include proof of student enrollment in post-secondary education. *Examples of student status can be found on the Application Checklist located at the end of this form.*
- If you are expecting the size of your family to change within the year, please include documentation to support this change such as documents confirming adoption, kinship care, or another situation that would add to your family size.

First Name(s)	Last Name	Date of Birth	Age	Gender	Relationship to Primary Applicant

SECTION 4: Identifying Target Populations (Optional)

If you, the primary applicant or any member of your household identifies with any of the following populations, please check applicable boxes below. Definitions outlined by the Alberta Government can be found in the document: [Target Populations](#).

PLEASE NOTE: Populations listed in bold with an asterisk(*) may require us to follow up with your social worker.		Indigenous person
Person with a physical or development disability		Individual fleeing violence*
Person at risk of homelessness*		Person dealing with mental health & addictions*
Veteran		Recent immigrant or refugee
Racialized group		Diverse sexual orientation, or gender identity

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)

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CONSENT TO LANDLORD REFERENCE CHECK

SECTION ONE – PERSONAL INFORMATION		
First Name(s):	Last Name:	Preferred Name (if different):
SECTION TWO – AUTHORIZATION LETTER		
<p>This is to identify that I, _____, in accordance with section 40 – (1)(d) of the Freedom of Information and Protection of Privacy Act, hereby authorize my landlord to answer questions requested by staff at the Lac Ste. Anne Foundation conducting this reference check for the purpose of:</p> <ul style="list-style-type: none"> • Determining my (and my households) eligibility for rent assistance benefits; and • Administering the program in which I (and my household) am/are participating, <p>The Lac Ste. Anne Foundation will ask your landlord the following list of questions;</p> <ol style="list-style-type: none"> 1. Can you confirm that the applicant currently rents from you? Please list the start date of their tenancy and end date if they no longer rent with you. 2. What type of accommodation is this address? (apartment, basement suite, etc.) 3. Does anyone else live with the applicant? Please provide details. 4. Is the applicant related to you in any way directly or indirectly? 5. Please confirm their monthly rent amount and utility payment arrangement? 6. Is the monthly rent being paid and on time? 		
Landlord Name:	Phone #:	Email:
Tenancy Start Date: <i>Month / Day / Year</i>	Tenancy End Date (If applicable): <i>Month / Day / Year</i>	
SECTION THREE – AUTHORIZATION SIGNATURE		
I understand that I may cancel this consent at anytime with verbal or written notice.		
Applicant/Tenant Name:	Applicant/Tenant Signature:	Date:

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APPLICATION CHECKLIST

PRIMARY APPLICANT INFORMATION		<input checked="" type="checkbox"/>
First Name(s)	Last Name	
REQUIRED DOCUMENTATION		
1. Application for Rent Assistance Benefits Form		
2. A copy of your Income Tax Notice of Assessment showing line 15000 (for each applicant 22 years of age & older)		
3. Consent to Landlord Reference Check Form		
4. A copy of your households CURRENT housing lease agreement		
5. Government Issued Identification		
<p>Each Household member is required to provide proof of identity:</p> <ul style="list-style-type: none"> 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, and 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. 		
SUPPORTING DOCUMENTS (IF APPLICABLE)		
1. Copy of AISH benefit statement (for each recipient)		
2. Consent to Release Personal Information Form		
3. Permanent Resident or Immigration Status documentation		
4. Mortgage Statement (if currently undergoing a separation & a division of assets is occurring)		
5. Tax Assessment for residential property (due to same reason listed above)		
6. Verification of student status		
<p>If anyone between the ages of 22-24 are attending school full-time, please include proof of student enrollment in post-secondary education. These could include:</p> <ul style="list-style-type: none"> Student Funding Notice of Assessment showing start and end date of school term Letter from registrar/school on letterhead stating client is a full-time student AB Works Student Learners Income Support Full-time Student Schedule with a copy of Student School ID 		
7. Proof of Assets		
<p>Applicable assets include:</p> <ul style="list-style-type: none"> A second vehicle (e.g. car not used for work purposes, camper/trailer, quad, or boat) Specific to second vehicles only, please provide copies of loan/payment information so that the asset value can be determined Equity in owned property Certain investments, cash or money in savings accounts <p>Assets that are considered <u>exempt</u> for priority scoring purposes include:</p> <ul style="list-style-type: none"> Essential personal and household effects (clothes & furniture) Tax Free Savings Account (TFSA) Assets in pension funds, registered disability plans, or registered education & retirement savings plans Tools, agriculture equipment and supplies necessary for a profession or trade A lump sum payment or refund from the government of Alberta or Canada 		
STAFF USE ONLY		
Identification visually verified by:		Signature: