



## 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 (e.g. roommates)*

### 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, check out page 4 of this application.

## WHO IS ELIGIBLE 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 support, 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 annual income of everyone 22 years of age or older.

**IMPORTANT: Applicant households cannot have an income that exceeds the corresponding Maximum Household Composition thresholds.** Income thresholds are updated by the Government of Alberta annually.

Maximum Applicant Household Composition Examples	1 adult in a studio unit	1-2 adults	1 or 2 adults & up to 2 dependents	1 or 2 adults & up to 3 dependents	1 or 2 adults & 4 or more dependents
Maximum Income	<b>\$39,000</b>	<b>\$46,500</b>	<b>\$58,000</b>	<b>\$70,000</b>	<b>\$75,500</b>

## WHAT ARE THE STEPS TO APPLYING FOR FINANCIAL BENEFITS?

### Step 1 – Complete the Application

- Fill out this form completely and include necessary documents to verify your household income. Refer to the checklist at the end to ensure everything is included.
- Send only **copies** of requested documents; **originals will not be returned.**
- IMPORTANT:** If you authorize a social worker, family member, or friend to communicate with HHF on your behalf, complete 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 licence, 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 licence.
  - Copies of your household's identification will not be retained. Once verified, copies will be securely destroyed.

### Step 2 – Submit Your Application

- Email your application to: [applications@heartlandhousing.ca](mailto:applications@heartlandhousing.ca). In-person drop-off is also available at the Silver Birch Place office during regular office hours. If you require assistance, please call us to book an appointment.

Silver Birch Place – Administration Office	
<b>Mailing Address</b> 914 Bison Way, Sherwood Park, AB, T8H 2C4 <b>Phone: (780) 400-3500</b>	<b>Office Hours</b> Monday to Friday: 8:00 am - 6:00 pm Weekends & Holidays: 9:00 am - 5:30 pm

### Step 3 – Application is Processed

All applicants will be contacted upon receipt of their application within 5 business days. Should any information be missing, we will reach out to request it. If you meet the eligibility criteria, a review of your application with you will be scheduled. If approved, you will receive a letter confirming your status and be added to the priority-based waitlist.

### A. HOW DID YOU HEAR ABOUT US?

- Website/Online Search  
  Brochure  
  Referral  
  Other (please list) \_\_\_\_\_  
 Community Services  
  Facebook or Social Media

### B. APPLICANT INFORMATION

SECTION 1: Contact Information		
First Name	Last Name	Preferred
Date of Birth (dd/mm/yyyy)	Pronoun <input type="checkbox"/> Female (she/her) <input type="checkbox"/> Male (he/him) <input type="checkbox"/> Other _____	
Marital Status <input type="checkbox"/> Common-Law <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored		
Primary Telephone No.	Secondary Telephone No.	
Primary Email	Preferred Contact Type <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mail	

## SECTION 2: Current Accommodation

To qualify for rent assistance, you must currently be renting a self-contained home. This means the home has its own kitchen and bathroom and is **not shared** with the landlord. A recipient could live in a legal basement suite, mobile home, detached housing, townhouse, apartment, or condo with a written tenancy agreement.

Please list your current address, and lease start and end dates in this section. Complete the **Consent to Landlord Reference Check Form** on page 6 and include it with your application.

<b>CURRENT ADDRESS</b>	
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**Dates of Occupancy** (DD/MM/YYYY – DD/MM/YYYY):

**Is this address considered a basement suite\*?**  **Yes**  **No** \*Basement suites must be considered legal. The status will be verified.

## SECTION 3: Household Composition

- Provide details for all individuals living with the primary applicant, regardless of age, based on government-issued identification. Attach additional pages if needed.
- If household members aged 22-24 are full-time students, include proof of enrollment (refer to Application Checklist).
- For anticipated family size changes within the year, provide supporting documentation (e.g., adoption or kinship care documents)

First Name(s)	Last Name	Date of Birth	Age	Gender	Relationship to Primary Applicant
		<i>Day / Month / Year</i>			

## 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](#).

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

## SECTION 5: Household Income

The total combined gross income for the household must be below the municipality's income threshold (refer to the first page for details on thresholds and household composition). Attach additional pages if needed.

### For household members aged 22 or older:

- Submit a copy of the most recent Income Tax Notice of Assessment (NOA) from the Canada Revenue Agency, showing the amount on Line 15000.
- If you don't have access to your NOA, contact our office for further instructions on verifying your household income.

	PRIMARY APPLICANT	HOUSEHOLD MEMBER (1)	HOUSEHOLD MEMBER (2)	HOUSEHOLD MEMBER (3)
Line 15000 of most recent NOA	\$ _____	\$ _____	\$ _____	\$ _____
<ul style="list-style-type: none"> <li>• If you receive Assured Income for Severley Handicapped (AISH), check the applicable box below and include proof for a deduction against your total household income.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AISH (Assured Income for Severley Handicapped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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, boats, quads, and equipment)
- **ONE PERSONAL VEHICLE IS EXEMPT FROM THE LIMIT.**
- Exempt assets include, but are not limited to, one personal vehicle 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 applies to your household below.

ASSET DECLARATION	PRIMARY APPLICANT	HOUSEHOLD MEMBER (1)	HOUSEHOLD MEMBER (2)	HOUSEHOLD MEMBER (3)
<b>Total Combined Asset Amount(s)</b>	\$ _____	\$ _____	\$ _____	\$ _____

### C. APPLICANT'S DECLARATION & CONSENT

**All applicants 18 years and older must sign the application. The application cannot be processed without these signatures.**

1. I/we authorize HHF to make any inquiries necessary to any government office organization, agency, or individual for the purpose of verifying the information provided in this application.
2. I/we authorize HHF 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 the 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 FOIP Coordinator at Heartland Housing Foundation by phone at (780) 400-3500, or by email at info@heartlandhousing.ca.
4. I/we understand that:
  - This application is not an agreement on the part of HHF to provide me/us with rent assistance benefit.
  - Failing to respond to requests for additional information may result in the application being canceled.
  - Providing false information to HHF may result in the application being canceled or no longer being eligible.
  - If I/we are being considered for an available benefit, HHF 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 HHF 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) <i>Day / Month / Year</i>
(Signature of Co-Applicant)	(Signature of Co-Applicant)	(Signature of Co-Applicant)

### D. ADDITIONAL CONSENT

1. I/we authorize HHF to contact me for statistical purposes. All information will remain anonymous, and I/we can decline participation at any time.
2. I/we agree to correspond with HHF through email, and hereby:
  - Authorize HHF to communicate with me/us by email for any correspondence, requests for information, or any other documents as necessary,
  - Understand that this authorization remains in effect unless canceled in writing,
  - Understand that I may cancel this authorization in writing at any time which may affect the timeliness of any updates to my application, and
  - Understand that email is not a secure form of communication and interception by a third party is possible and that the confidentiality of any email message cannot be ensured.

(Signature of Primary Applicant)	(Signature of Co-Applicant)	(Date) <i>Day / Month / Year</i>
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### 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)**

# Rent Assistance Benefit

## 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 Heartland Housing Foundation conducting this reference check for the purpose of:</p> <ul style="list-style-type: none"> <li>Determining my (and my household's) eligibility for rent assistance benefits; and</li> <li>Administering the program in which I (and my household) am/are participating,</li> </ul> <p>Heartland Housing Foundation will ask your landlord the list of questions below:</p> <ol style="list-style-type: none"> <li>Can you confirm that the applicant currently rents from you? Please list the start and end dates of their tenancy.</li> <li>What type of accommodation is this address? (apartment, basement suite, etc.)</li> <li>Does anyone else live with the applicant? Please provide details.</li> <li>Is the applicant related to you in any way directly or indirectly?</li> <li>Please confirm their monthly rent amount and utility payment arrangement.</li> <li>Is the monthly rent being paid on time?</li> </ol>		
Landlord Name:	Phone #:	Email:
Tenancy Start Date: <i>Day / Month / Year</i>	Tenancy End Date: <i>Day / Month / Year</i>	
SECTION THREE – AUTHORIZATION SIGNATURE		
I understand that I may cancel this consent at any time with verbal or written notice.		
Applicant/Tenant Name:	Applicant/Tenant Signature:	Date (DD/MM/YYYY):

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process during the course of the recipient's funding agreement will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Heartland Housing Foundation for the purpose of developing programs or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have questions, please contact our FOIP Coordinator at 780-400-3500 or info@heartlandhousing.ca.

# Rent Assistance Benefit

## APPLICATION CHECKLIST

<b>PRIMARY APPLICANT INFORMATION</b>		<input checked="" type="checkbox"/>
First Name(s)	Last Name	
<b>REQUIRED DOCUMENTATION</b>		
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. <b>A copy of your household's CURRENT housing lease agreement</b>		
5. Government Issued Identification		
<p><b>Each household member is required to provide proof of identity:</b></p> <ul style="list-style-type: none"> <li>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 licence, passport, residency card, etc.) or can be shown to our staff if you are dropping your application off in person.</li> <li>For dependents, please provide a copy of their provincial health care card, birth certificate, and government-issued photo ID or driver's license.</li> <li>Copies of your household's personal identification <u>will not be kept on file</u>. Once verified, copies will be securely destroyed.</li> </ul>		
<b>SUPPORTING DOCUMENTS (IF APPLICABLE)</b>		
1. Copy of AISH benefit statement (for each recipient)		
2. <a href="#">Consent to Release Personal Information Form</a>		
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 the same reason listed above)		
6. Verification of student status		
<p><b>If anyone between the ages of 22-24 is attending school full-time, please include proof of student enrollment in post-secondary education. These could include:</b></p> <ul style="list-style-type: none"> <li>Student Funding Notice of Assessment showing the start and end date of the school term</li> <li>Letter from Registrar/School on letterhead stating the client is a full-time student</li> <li>AB Works Student Learners Income Support</li> <li>Full-time Student Schedule with a copy of Student School ID</li> </ul>		
7. Proof of assets		
<p><b>Applicable assets include:</b></p> <ul style="list-style-type: none"> <li>A second vehicle (e.g. car not used for work purposes, camper/trailer, quad, or boat)</li> <li><b>Specific to second vehicles only, please provide copies of loan/payment information so that the asset value can be determined</b></li> <li>Equity in owned property</li> <li>Certain investments, cash or money in savings account</li> </ul> <p><b>Assets that are considered exempt for priority scoring purposes include:</b></p> <ul style="list-style-type: none"> <li>Essential personal and household effects (clothes &amp; furniture)</li> <li>Tax-Free Savings Accounts (TFSA)</li> <li>Assets in pension funds, registered disability plans, or registered education &amp; retirement savings plans</li> <li>Tools, agricultural equipment, and supplies necessary for a profession or trade</li> <li>A lump sum payment or refund from the Government of Alberta or Canada</li> </ul>		
<b>Staff Use Only</b>		
Identification visually verified by:		Signature: