

IMPORTANT



Please review the checklist on the next page and make sure that all documents are included when this application is submitted.

Remember to sign the application declaration, release of consent form and any other forms where noted.

Missing information will delay the processing of your application.

Submit your completed application with supporting documents –

By mail or in-person:

Meridian Housing Foundation
4908 53 Avenue,
PO Box 3191
Stony Plain, AB T7Z 1Y4

Ph. 780-963-2149
By fax: 780-591-0031

By email to:
RAB@meridianfoundation.ca

The Rent Assistance Benefit (RAB) is a subsidy paid directly to recipient households who live in rental housing to help make their rent more affordable.

RAB is designed for households in core housing need who have low-income and ongoing need.

Criteria

Applicants must:

- Be a Citizen of Canada, Permanent Resident of Canada, Refugee sponsored by Canada, or have applied for refugee or immigration status and for whom private sponsorship has broken down,
- Have assets with total value of \$25,000 or less, and
- Have a lease agreement with a landlord in Parkland County, Spruce Grove or Stony Plain
- Be in core housing need based on CNIT income levels:

<u>Studio</u>	<u>1-Bedroom</u>	<u>2-Bedroom</u>	<u>3-Bedroom</u>	<u>4-Bedroom</u>
\$43,500	\$51,500	\$63,500	\$72,000	\$75,000

Application Process

Applications are reviewed for completeness. If your application is incomplete, a staff member will provide you with a checklist of what is required in order to process the application.

Complete applications are assigned point scores and placed on waitlist.

Please use the checklist on the following page to ensure your application is complete.

Checklist

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Rent Assistance Benefit

Application Checklist

Required Documents	
<input type="checkbox"/>	1. Fully Completed Application – pages 3, 4, 5, and 6
<input type="checkbox"/>	2. A copy of your most recent Notice of Assessment from CRA showing line 15000 for each household member aged 22 years and older
<input type="checkbox"/>	3. A copy of your household's current lease agreement
<input type="checkbox"/>	4. Signed Declaration – page 6
<input type="checkbox"/>	5. Completed Release of Information Consent Form
<input type="checkbox"/>	6. Government issued identification
<ul style="list-style-type: none"> All household members aged 18 years and older must provide government issued photo ID, either by showing staff when dropping off the application, or by including a copy. Accepted forms of identification include driver's license, passport, residency card, etc. For dependents, please provide a copy of their provincial health care card, birth certification or government issued photo ID or driver's license. <p><i>Once MHF verifies identities, any copies provided will be securely destroyed.</i></p>	
Supporting Documents (As Applicable)	
<input type="checkbox"/>	1. Government issued identification
<input type="checkbox"/>	2. Copy of AISH benefit statement for each recipient
<input type="checkbox"/>	3. Copy of Income Support Benefit Statement for each recipient
<input type="checkbox"/>	4. Permanent Resident or Immigration Status documentation
<input type="checkbox"/>	5. Verification of student status – for dependents ages 22 – 24 who are enrolled in a accredited, full-time post-secondary program
<p>Proof includes:</p> <ul style="list-style-type: none"> MHF's School Status Verification form (available upon request) Student funding notice which shows start and end date of school term Letter from School/Registrar on letterhead confirming the student's status AB Works Student Learners Income Support Full-time student schedule with a copy of school photo ID 	
<input type="checkbox"/>	6. Documents related to a separation and division of assets that may be pending. These may include a mortgage statement, tax assessment for residential property, court documents, etc.
<input type="checkbox"/>	7. Declaration of Assets – all assets must be declared including those considered exempt for scoring.
<p>Assets are:</p> <ul style="list-style-type: none"> Equity in owned property Cash, certain investments, money in a savings account A second vehicle (ex: not used exclusively for work, camper/trailer, boat, OHV). If you have a second vehicle, please provide a copy of loan/payment information to establish asset value. <p>Assets that are exempt for priority scoring include:</p> <ul style="list-style-type: none"> Essential personal and household items such as clothing and furniture Primary family vehicle Tax Free Savings Accounts (TFSA) Assets in pension funds, registered disability plans, registered education & retirement savings plans Tools, equipment and supplies necessary for a profession or trade Lump sum payment or refund from the Government of Alberta or Canada 	

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Rent Assistance Benefit

Primary Applicant				Date of Application		
Applicant 1 Legal Last Name			Legal First Name		Initial	
Preferred Name			Please list any other names you have used:			
Birthday (MM-DD-YYYY)		Marital Status		Legal Status		
Gender		<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other_____		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say						
Email		Primary Phone Number		Alternate Phone Number		
Co-Applicant (if Applicable)						
Applicant 2 Legal Last Name			Applicant 2 Legal First Name		Initial	
Preferred Name			Please list any other names you have used:			
Relation to Primary Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____						
Birthday (MM-DD-YYYY)		Marital Status		Legal Status		
Gender		<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other_____		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say						
Email		Primary Phone Number		Alternate Phone Number		
Accommodation Information <i>Note: you must be currently renting and able to provide a copy of your lease.</i>						
Street Address			City	Province	Postal Code	
1) Current Rent Amount: \$_____ 2) Utilities you pay: <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Heat/Gas <input type="checkbox"/> Power <input type="checkbox"/> None - All utilities are included in rent. 3) Type of Housing: <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> House <input type="checkbox"/> Other: _____ 4) Number of Bedrooms: <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2) <input type="checkbox"/> Three (3) <input type="checkbox"/> Four (4) or more 5) Is this address considered a basement or secondary suite*? <input type="checkbox"/> Yes <input type="checkbox"/> No 6) Is this a subsidized unit? <input type="checkbox"/> Yes <input type="checkbox"/> No 7) Are you related to your landlord in any way (directly or indirectly)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list relationship: _____						

*Basement and secondary suites must be considered legal by the municipality.

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Rent Assistance Benefit

Household Composition

Please provide information for people who reside in your household in addition to the Primary Applicant and Co-Applicant. Please ensure that names are the same as shown on the government issued identification.

For members of the household who are ages 22 to 24 and are students enrolled in a full-time, accredited post-secondary program, please include proof as listed on the checklist on page 2.

First Name	Last Name	Relationship to Applicant	Gender	Date of Birth (M/D/Y)	Does this person have income?	Is this person a student?

8) Have you, or anyone in your household, ever applied for or are currently receiving RAB? ☐ No ☐ Yes

If yes, from which provider: _____

9) Is a baby expected? ☐ No ☐ Yes If yes, due date: _____

10) Are you expecting any other change to the size of your household this year? ☐ No ☐ Yes

If yes, please include documentation such as confirmation of adoption, kinship care, or another situation which changes your family size.

11) Do you share any part of the accommodation with person(s) other than those listed here? ☐ No ☐ Yes

If yes, please explain: _____

Alternate Contact: If we are unable to reach you for updates, we will contact this person.

Alternate Contact Name: _____ Phone: _____ Relationship: _____

Target Populations

Please check off any of the following population groups that apply to any members of your household.

<input type="checkbox"/> Indigenous peoples	<input type="checkbox"/> People with disabilities
<input type="checkbox"/> Individual fleeing violence or leaving second stage shelter*	<input type="checkbox"/> At risk of or transitioning out of homelessness*
<input type="checkbox"/> People dealing with mental health or recovering from addiction*	<input type="checkbox"/> Identify with diverse concepts of gender identity and expression or sexual orientation
<input type="checkbox"/> Veteran	<input type="checkbox"/> Youth exiting government care
<input type="checkbox"/> Racialized group	<input type="checkbox"/> Recent Immigrant or Refugee (in Canada less than 5 years)

*Please contact the Rent Supplement Coordinator if you check any of the population groups Supporting documentation may be required.

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Rent Assistance Benefit

Household Income

Rent Assistance Benefit program requires verification of income. Complete the chart below for all members of the household ages 22 and older.

	Primary Applicant	Co-Applicant or 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 (Notice of Assessment from CRA)	\$	\$	\$	\$

Does the above chart accurately reflect your current income? ☐ Yes ☐ No

If no, please describe what is different: _____

What is your highest source of income? (e.g., Employment, EI, Income Support, AISH): _____

Do you receive (or have ever received) RAB, TRAB, PLRS, Housing Benefit for Survivors of Gender-Based Violence, or any other kind of supplement? ☐ Yes ☐ No

If yes, please list the name and source of the supplement: _____

Asset Declaration

To meet program eligibility criteria, a household must not have more than \$25,000 in eligible assets as defined by the *Social Housing Accommodation Regulation*.

Assets are defined as all property. This includes but is not limited to cash on hand, cash in chequing and/or savings accounts, certain investments, property owned, motor vehicles and equipment.

One personal vehicle per household is exempt.

Other assets that are exempt include but are not limited to, household furnishings and appliances, clothing for personal use, tolls, agricultural equipment and supplies necessary for a profession or trade, assets in pension funds, registered retirement, education or disability savings plans, or amounts in tax free savings accounts.

ALL ASSETS MUST BE DECLARED.

Please list the type and total value of each asset applicable to your household. Reminder: One personal vehicle is exempt from the limit. A second vehicle is exempt if used exclusively for work purposes.

Asset	Primary Applicant	Co-Applicant or Household Member 1	Household Member 2	Household Member 3

MERIDIAN HOUSING FOUNDATION RESIDENT APPLICATION

Rent Assistance Benefit

Total Combined Asset Value(s)	\$	\$	\$	\$
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Consent for Landlord Reference Check

Meridian Housing Foundation conducts Landlord Reference Checks to confirm the information provided by the applicant(s) for the purpose of determining eligibility and administering the RAB program.

Landlord Name	Phone Number
Lease Start Date	Lease End Date

Declaration

I/We declare that this is my/our application; and all the information in it is correct and complete to the best of my/our knowledge.

I/We authorize:

- Meridian Housing Foundation to make any inquiries that are necessary to verify the information given in this application;
- any person, corporation, or social agency to release to Meridian Housing Foundation any information pertinent to the assessment of my/our application; and
- members of Meridian Housing Foundation to receive and exchange with credit bureaus and my/our previous landlords credit and other tenancy information about me/us, to be used in the decision-making process to provide me/us with rent assistance benefit.

I/We understand:

- that this application is not an agreement on the part of Meridian Housing Foundation or its members to provide me/us with rent assistance benefit;
- that if I/we are being considered for rent assistance benefit, Meridian Housing Foundation may gather additional information in order to assess my/our ability to uphold the obligations of a funding agreement and it is my/our responsibility to provide information requested to assist with this assessment;
- that it is my/our responsibility to tell Meridian Housing Foundation of any changes to the information given in this application and to provide any supporting materials required;
- that false information given by me/us may result in my/our application being cancelled from consideration; and
- that Meridian Housing Foundation at any time prior to the execution and delivery to me of a funding agreement 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.

Printed Name of Applicant

Printed Name of Co-Applicant`

Applicant Signature

Co-Applicant Signature

Date

Date