

**MD of St Paul Foundation**  
4440 50 Ave St Paul, Alberta T0A 3A2  
Phone:1-780-645-5366 Fax:1-780-645-5733

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

The Government of Canada and the Government of Alberta are partners under the Canada Housing Benefit. This initiative is part of the National Housing Strategy and provides funding toward your rent assist benefit.

Applicants with the greatest need for housing are assisted first, regardless of the date of application. It is impossible to say how long it will be before you receive assistance.

The information given in this application relates directly to and is necessary in order to qualify applicants for the Rent Assistance Benefit Program as per the Alberta Housing Act and therefore is protected under this Act.

**Please read carefully and answer all questions to the best of your ability. This application will not be processed unless all questions and documentation are received in it entirety.**

Please return completed application by appointment, fax or email to:

MD of St Paul Foundation  
4440-50 Avenue  
St Paul Alberta  
T0A 3A2  
780-645-5366

Fax: 780-645-5733 (provide cover letter)

Email: [l.starnault@stpaulfoundation.ca](mailto:l.starnault@stpaulfoundation.ca)

If we have not contacted you within 180 days and you are still interested in the Rent Assistance Benefit Program, please call the office to update your information and keep your application active.

**Please keep this page so that you have our contact information and are able to provide us with updated information.**



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**APPLICATION FOR THE RENT ASSISTANT BENEFIT PROGRAM**

This Application Remains on File for a Period of **Six (6) Months Only** It Is up to The Applicant to Renew it at The End of the Time Period.

Note: Please Answer All Questions

PRIMARY APPLICANT				
Full Name				
Social Insurance		Alberta Health Care Number		
Date of Birth		Mailing Address		
Street Address		City/Town		
Postal Code		Email		
Cell Phone		Home Phone		
Work Phone				
CO- APPLICANT				
Full Name				
Social Insurance		Alberta Health Care Number		
Date of Birth		Mailing Address		
Street Address		City/Town		
Postal Code		Email		
Cell Phone		Home Phone		
Work Phone				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed			
If Common-Law or separated, State how long				
List all persons, including yourself who will be living with you should your application be approved:				
Last Name	First Name	Relationship to Applicant	Birth Date dd/mm/yy	Occupation or School Grade
Do all of the people listed above currently live in the household full time?			Yes	No

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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 reason for not living full time in household
		Yes No	
		Yes No	
Is baby expected?	Yes No	Estimated Due date?	

Are all members listed above Canadian Citizens?	Yes	No
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Have you or any member of the household previously been a tenant or received a rental Subsidy from any other subsidized housing program?	Yes	No
Are you or any member of the household currently receiving a Subsidy from any other housing program?	Yes	No

Do you own or rent your present accommodation?		<input type="checkbox"/> Own <input type="checkbox"/> Share <input type="checkbox"/> Room/Board <input type="checkbox"/> Rent to Own <input type="checkbox"/> Homeless						
Monthly Rent/House Payment		Utilities Included			Yes		No	
Monthly Utility/Payments	Water/Sewer	\$	Electricity	\$	Heat	\$		
Specify your present accommodation?		<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Room & Board <input type="checkbox"/> Other <input type="checkbox"/> Townhouse <input type="checkbox"/> Hotel/Motel						
Identify the rooms in your present accommodation?		<input type="checkbox"/> # bedrooms _____ <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> # Bathrooms _____ <input type="checkbox"/> Living Room <input type="checkbox"/> Other _____						

Do you share accommodations with person(s) other than those listed in this application?				Yes	No
If Yes, how many other people?	Adults		Children		
What part of the accommodation is shared?					

If you do not pay rent do you contribute financially?	Yes	No
If yes, please specify.		

Have you received a legal notice to end tenancy?	Yes	No	Move out Date?	
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Is any member of your family physically challenged?	Yes	No
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Personal Reference 1		Personal Reference 2	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Relationship		Relationship	

Please provide information on your last three landlords					
Full Rental Address	From	To	Landlord Name	Phone	Reason for Leaving

Support Worker or Counselor (if any)				
Name:		Phone	( )	Organization
Address:				Relationship

Please explain your reasons for applying for the Rent Assistant Benefit subsidy that will assist us in the assessment of your application (attach paper if required)

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STATEMENT OF INCOME

**Note:** All information regarding your family's income must be completed and accurate. Provide details of current employment held in the last twelve (12) months. (begin with most recent).

<b>Primary Applicant</b>		<b>Co-Applicant</b>	
Name		Name	
SIN Number		SIN Number	

<b>Company</b>				<b>Company</b>			
<b>Address</b>				<b>Address</b>			
<b>From</b>		<b>To</b>		<b>From</b>		<b>To</b>	
<b>Hrs/Week</b>		<b>Rate/Hr.</b>		<b>Hrs./Week</b>		<b>Rate/Hr.</b>	
<b>Earnings</b>				<b>Earnings</b>			
<b>Total Income Earned</b>				<b>Total Income Earned</b>			

<b>Company</b>				<b>Company</b>			
<b>Address</b>				<b>Address</b>			
<b>From</b>		<b>To</b>		<b>From</b>		<b>To</b>	
<b>Hrs./Week</b>		<b>Rate/Hr.</b>		<b>Hrs./Week</b>		<b>Rate/Hr.</b>	
<b>Earnings</b>				<b>Earnings</b>			
<b>Total Income Earned</b>				<b>Total Income Earned</b>			

<b>Have you received any other income in the past twelve (12) months?</b>	Yes	No
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<b>PRIMARY APPLICANT</b>		<b>CO-APPLICANT</b>	
Cash on Hand		Cash on Hand	
Cash in Bank Account(s)		Cash in Bank Account(s)	
Other Assets (type & Amt.)		Other Assets (type & Amt.)	
Investments RRSP's Stocks Bonds Mutual Funds		Investments RRSP's Stocks Bonds Mutual Funds	
Real Estate Holdings		Real Estate Holdings	
Mortgage Owing		Mortgage Owing	
Vehicle Financing Owing		Vehicle Financing Owing	

**Note:** Essential personal and household effects such as clothes, furniture, etc. are not included in assets.

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Vehicle Information							
First Vehicle Owner				License Plate Number			
Model		Year		Make		Colour	

Second Vehicle Owner				License Plate Number			
Model		Year		Make		Colour	

Do you lease a vehicle?	Yes	No	Lease Payment Amount:
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**SOURCE OF INCOME**

<b>(Please indicate if not Applicable with -N/A)</b>	<b>Name of Receiver</b>	<b>Start</b>	<b>End</b>	<b>Gross Monthly Income</b>
Student Grants or Allowance				
Employment Insurance ( Maternity Leave)				
Workers Compensation				
Income Support Benefits				
AISH				
Alimony or Child Support				
Other Income (Tips, Commissions)				
Self Employed				
Child Tax Credit				
<b>Pensions</b>				
Old Age Security				
Guaranteed Income Supplement				
CPP ( Retirement, Survivors)				
Alberta Seniors Benefit				
Veteran's Affairs				
Private Pension				
Other: CRB, CESB, CERB etc.				



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**APPLICATION FOR RENT ASSISTANCE BENEFIT**

Many employers or agencies who provide assistance and or benefits (Alberta Employment and Immigrations, Employment Insurance, AISH etc.) will not release information without written consent from the employee or recipient. The MD of St Paul Foundation, therefore, requests the following be signed by all persons who are 18 years of age or older.

**I/We Authorize**

- The MD of St Paul Foundation, or its designate, to verify all information provided relating to this Application for subsidy and any future information provided throughout the entire tenancy period. This may include but is not limited to employers, credit bureaus, financial institutions, federal, provincial or municipal government departments, offices. Boards or landlords.
- The MD of St Paul Foundation, or its designate, to release and exchange any information and documents including personal information by and between the MD of St Paul Foundation and such other authorities as, but not limited to, all federal, provincial and municipal departments or offices, social support agencies, interpreter(s), credit bureaus financial institutions or past or current employers.
- The parities/agencies noted in the previous paragraph to release pertinent information to the MD of St Paul Foundation in order to determine eligibility, in all aspects of this application and tenancy if approved.
- The MD of St Paul Foundation to obtain information from any person or agency for the purpose of audit verification of our/my family income or circumstance.

**PRIMARY APPLICANT**

Printed Name of Applicant	Social Insurance Number
Signature of Applicant	Date

**CO-APPLICANT**

Printed Name of Applicant	Social Insurance Number
Signature of Applicant	Date

**Other**

Printed Name of Applicant	Social Insurance Numb
Signature of Applicant	Date

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**APPLICATION FOR RENT ASSISTANCE BENEFIT**

I/We understand all information provided herein or in the future is subject to audit. Failure to provide information for auditing purposes will result in cancellation of the application or termination of the Rent Assistance Benefit. This application does not constitute an agreement on the part of the MD of St Paul Foundation, or its agents, to provide me with a Rent Assistance Benefit.

I/We further acknowledge the right of the MD of St Paul Foundation or its agent s, at any time prior to execution and delivery to me of a Rent Assistance Benefit applied for to withdraw or cancel without penalty or liability or damages otherwise, or any acceptance or approval of this application made or given.

Giving false information on this application or any future documents to the MD of St Paul Foundation shall cancel any further consideration of my application. If I/We are provided a rent assistant benefit, this application forms part of the Tenant agreement with the MD of St Paul Foundation.

I/we am/are obligated to advise the MD of St Paul Foundation or its agents, in writing, of any change in family composition, gross income, assets, employment or change of address, should they occur. Failure to report change as required may result in recovery action, criminal charges and termination of the benefit.

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**Signature of Primary Applicant**

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**Signature of Witness**

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**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL APPLICABLE INFORMATION IS COMPLETE INCLUDING ANY ATTACHMENTS NECESSARY.

Complete ALL questions and Supply ALL of the requested information. If a question does not apply to your situation mark N/A in the section. Space is provided for any other information you would like us to be aware of.

Note: your completed application must be signed.

You will be required to provide the following: (if applicable to your situation)

<input type="checkbox"/>	If you are employed-an <b>Income Verification Form</b> (provided by our Office)
<input type="checkbox"/>	A copy of your most recent <b>Annual Income Tax Return and Notice of Assessment form</b>
<input type="checkbox"/>	Proof of employment income (3 consecutive months of pay stubs which show a person's name, the rate of pay, number of hours per week and total gross earnings) for all members of your household (18+)
<input type="checkbox"/>	<b>Social Assistance/ AISH-</b> if you, or any member of the household is receiving Income Supports a copy of the agency statement of benefit
<input type="checkbox"/>	<b>Employment Insurance or Workers Compensation-</b> if you or any member of the household is receiving payments, a copy of that agency statement of benefit
<input type="checkbox"/>	Documents of <b>all other sources of Income</b> (e.g. Child Tax Credit, Child Support, Alimony, Student Loan or Grant, Canada Pension, Disability Pension, Old Age Security, Self-Employment, pension, RRSP, RRIF etc.)
<input type="checkbox"/>	<b>Bank Statements-</b> provide recent bank statements showing 90 day transaction history for all household bank accounts (non-senior households only).
<input type="checkbox"/>	Copy of Rental or Lease Agreement and current rent receipt
<input type="checkbox"/>	Copies of Utilities; Natural Gas, Power and Water
<input type="checkbox"/>	If you have been given Notice to Vacate, submit a copy of the notice stating the reason for eviction
<input type="checkbox"/>	Investment Income- attach a bank statement copy showing the investment value and interest earned.
<input type="checkbox"/>	Property- if you or anyone in your household owns property, attach a mortgage agreement copy. If it is to be sold, verify how much money you will receive after the sale. If the property is foreclosed, submit a letter from your lawyer or bank as proof.
<input type="checkbox"/>	Vehicle- attach a copy of any loan or lease papers for your vehicle.
<input type="checkbox"/>	If you or any member of the household over the age of eighteen is a full-time student, letter from the registrar of the school verifying registration.
<input type="checkbox"/>	Copies of Children's Birth Certificates or valid Alberta Health Care cards for all members of the household
<input type="checkbox"/>	Driver's License or picture identification of applicants

**RENT ASSISTANCE BENEFIT**

- You keep your current rental unit and we may supplement a portion of your rent
- Each applicant must have lived or worked in the area for at least three months
- Each household must have less than \$25,000 in assets (Not including household furnishings)
- Shared accommodation and room and board are not eligible
- Basement suited do not qualify unless they have a kitchen and a bathroom and require legal certification from the town
- At least one applicant must be 18 years of age or older.

**FREQUENTLY ASKED QUESTIONS**

**Q: What are your office hours?**

**A:** The MD of St Paul Office is open Monday to Friday from 8:am to 4: pm. The office is closed on statutory Holidays.

**Q: Where are you located?**

**A:** The MD of St Paul Foundation  
4440 50 Avenue  
St Paul, Alberta  
T0A 3A2

**Q: How is my priority determined?**

**A:** Priority on the waiting list is determined by your income, family size, amount of rent paid and current circumstances that effect your living situation.

**Q: What if there are changes to my situation?**

**A:** If you address or your phone number change, or there are changes in your family size, your income or amount of rent that you pay, or your living circumstances, please update us by notifying the office at 780 645 5366 or email: [l.starnault@stpaulfoundation.ca](mailto:l.starnault@stpaulfoundation.ca).

**Q: How long will I have to wait for housing?**

**A:** Unfortunately, there is no way for us to predict how long you will have to wait for rent assistance. There is a waiting list and we house applicants based on need, first. **The MD of St Paul Foundation does not provide emergency housing or funding.**

**Q: When will you call me?**

**A:** We will call you as soon as housing comes available. Please keep your information accurate and up-to date in order for us to determine eligibility.

**Q: How often should I check if you have something for me?**

**A:** In order for your file to remain active, you must contact us either by phone or in person, every six (6) months. Unless your information has changed there is no reason to contact us more frequently.

**Q: How is rent calculated?**

**A:** Rent is based on 30 % of the tenant's gross household income (or the social assistance rent scale, if applicable) the maximum amount a tenant may receive is \$500.00.



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**INCOME AND EMPLOYMENT VERIFICATION FORM**

<b>Employer</b>				<b>Employee</b>		
<b>Address</b>				<b>Address</b>		
<b>City/Town</b>		<b>Postal Code</b>		<b>City/Town</b>		<b>Postal Code</b>
<b>Phone #</b>				<b>Phone #</b>		

I have made application for the MD of St Paul Foundation for Rental Assistance/ Approval and verification of my employment status and earnings is required. Please provide this information by completing and signing the lower portion of this form. It is important the information be as accurate as possible.

\_\_\_\_\_  
 Signature of Employee \_\_\_\_\_  
Date

**EMPLOYER'S VERIFICATION**

The following information is provided in strict confidence as requested by the above employee.

**General information**

Is the employee currently employed by your firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date employment commenced?	DD/MM/YY	
Number of months employed out of the past year?		
Employee's present Position/Title?		
Nature of Employment?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	

**Wage Information**

If employee is on a fixed salary, gross monthly income:			\$	
If employee is on an hourly rate:	Hours worked per week (average)		Rete of Pay	\$

**Earnings to Date**

Gross Income paid to this employee by your firm in the past 12 months?	\$
How much of this income was overtime?	\$
How much of this income was for bonus / commission?	\$

**Prospects For Continued Employment**       Good     Fair     Poor

Comments

I hereby certify the information given in this declaration is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
 Name of Company \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date

\_\_\_\_\_  
 Printed Name/ Position \_\_\_\_\_  
Signature of Employer

**WARNING: "IF THE EMPLOYER DELIBERATELY SUBMITS FALSE INFORMATION WHICH BECOMES A BASIS FOR ASSISTANCE/APPROVAL WOULD NOT HAVE BEEN OTHERWISE GRANTED HAD THE CORRECT INFORMATION BEEN SUBMITTED, THIS IS AN OFFENSE UNDER THE CRIMINAL CODE OF CANADA"**





# Rent Report

Please PRINT.

## Renter's Information

Renter(s) name: \_\_\_\_\_

Residential address /  
Legal Land Description: \_\_\_\_\_

*Complete Street Address including Suite Number (if applicable)*

*City/Town/Municipality*

*Postal code*

The Renter(s) named above is/are renting on the following basis:

### 1. Renter pays:

Monthly

Amount

Effective Date:

yyyy mm dd

Is there rent owing?

No

If yes, amount

For what period of time?

Weekly

\$ \_\_\_\_\_

/ /

Yes

\$ \_\_\_\_\_

### 2. Are utilities included in rent?

Heat?  No  Yes

Power?

Water?

### 3. Type of rental unit:

House

Apartment

Mobile home

Townhouse

Lot Rental Only

Room & Board (includes food)

Room only

Self-contained suite in house (separate kitchen & bath)

Other (specify): \_\_\_\_\_

### 4. Is rent shared?

No

If yes, total rent for unit:

Yes

\$ \_\_\_\_\_

### 5. How many adults live in the unit?

### How many children live in the unit?

### Number of bedrooms:

### 6. Is a damage deposit required?

No

If yes, amount

Yes

\$ \_\_\_\_\_

***A damage deposit, if required,  
is the responsibility of the renter.***

## Landlord's Information (may include Property Manager, Owner or Roommate)

Name (please print): \_\_\_\_\_ Phone number: \_\_\_\_\_

Are you a relative of the  
renter / boarder?  No

Yes

If yes,  
relationship: \_\_\_\_\_

Address:

\_\_\_\_\_  
*Complete Street Address including Suite Number (if applicable)*

*City/Town/Municipality*

*Postal code*

Mailing address (If different from Street Address)

\_\_\_\_\_

*City/Town/Municipality*

*Postal code*

*yyyy/mm/dd*

Signature: \_\_\_\_\_

\_\_\_\_\_  
*Date completed*

***Please see the reverse side for more important information.***

## Notice to Renter and Landlord

The agreement to lease or rent is between the renter and the landlord, and is not with the Department of Alberta Human Services. Any shelter payments made payable on behalf of a client may end without notice.

The renter (**not** the Department) is responsible for:

- Non-payment of rent
- Damages to the property
- Losses if the renter moves without proper notice.

The Landlord may contact the Alberta Government Services Consumer Information Centre at toll free 1-800-427-4088 to discuss Landlord/Renter concerns.

*The information provided on this form is collected under the authority of the Income and Employment Supports Act and is in compliance with the Freedom of Information and Protection of Privacy Act. This information will be used to determine and verify the client's eligibility for Income Support benefits. This information may be matched and verified with other sources, agencies and governments. If you have any questions about the collection of this information, you may contact your worker or the local Alberta Employment, Immigration and Industry office.*