



TEMPORARY RENT ASSISTANCE BENEFIT

APPLICATION INSTRUCTIONS

The Temporary Rent Assistance Benefit (TRAB) is a rent support for Albertans with low to moderate income. This program is focused on Albertans who are between jobs or are working and having a hard time making ends meet.

The program is limited to a two (2) year term, when the two years are finished households may reapply for another two years term.

Eligible households must meet the following criteria:

- 1) Currently employed or have been employed in the past 24 months
- 2) Currently has a Rent responsibility within the Medicine Hat jurisdiction for offering the TRAB program
- 3) Have an annual gross income that is below the maximum Income threshold limit:

Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
\$31,000	\$34,500	\$37,000	\$48,500	\$54,000

*Households receiving income from the following income sources do not qualify for the Temporary Rent Assistance Benefit program:

- Income Support
- Assured Income for the Severely Handicapped (AISH)
- Alberta Seniors Benefit
- Leaner Income Support
- Guaranteed Income Supplement

Required	Received	
		Canada Pension Plan (Disability, Death, Orphan’s, Retirement, Survivors, etc.) 1.800.277.9914 Notice of Entitlement, 3-months Bank Statements, T4A * Show a breakdown of each benefit received
		Child Support Custody Arrangement Verification – Receipt Book, 3-months Bank Statements, Court Order, Letter from Parent w/contact info, Maintenance Enforcement 403.310.0000 or 780.422.5555 Family Mediation-403.529.3711, Child & Youth Enhancement-403.529.3753.
		Employment – 3-months Pay Stubs, T4, Letter of Confirmation (pay, hours, start date, etc.), ROE
		Employment Insurance (EI) – 3-months EI Statements, T4E
		Income Tax Return & Notice of Assessment BASE YEAR: 1.800.959.8281
		Self-Employment – Monthly Income/Expense Summary Spreadsheet
		Spousal Support/Allowance/Alimony – Receipt Book, 3-months Bank Statements, Letter from Ex-Spouse w/contact info – Maintenance Enforcement – 403.310.0000/780.422.5555
		Worker’s Compensation (WCB) – 1.800.661.1993
		Tenancy Agreement to show current residence and costs.

TEMPORARY RENT ASSISTANCE BENEFIT (TRAB) APPLICATION

HOUSEHOLD COMPOSITION

List all individuals applying on this application who will be living in the subsidized unit, not including the primary applicant listed above.

Last Name:		First Name & Middle Initial:		Social Insurance Number:	
Home Phone:		Cell Phone Number:		Email Address:	
Last Name	First Name	Gender	Birthdate (YYYY/MMM/DD)	Relationship to applicant	Currently living w/applicant? Y/N

EMPLOYMENT & INCOME

Head of Household Name:				Spouse/Dependant Name:		
Income Type	Start Date YY/MMM/DD	End Date YY/MMM/DD	Amount Receiving	Start Date YY/MMM/DD	End Date YY/MMM/DD	Amount Receiving
El Benefits			\$			\$
Employment (Name employer):			\$			\$
Employment (Name employer):			\$			\$
Spousal support:			\$			\$
CPP benefits			\$			\$
Child Support*						
GST*			\$			\$
CCB*			\$			\$
ACB*			\$			\$
AFETC*			\$			\$
Other (Describe):			\$			\$
Other (Describe):			\$			\$
Other (Describe):			\$			\$
Total			\$			\$

- Income information from these sources is being collected for research purposes only.

RESIDENCY

How much to you pay in rent? \$ _____ /month	Lease expiry date:	How long have you lived there?	If you don't pay rent, do you contribute financially? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you pay for: Electricity? <input type="checkbox"/> YES <input type="checkbox"/> NO	Gas? <input type="checkbox"/> YES <input type="checkbox"/> NO	Water? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sewer, Waste & Recycling? <input type="checkbox"/> YES <input type="checkbox"/> NO
			If YES, provide details:

Which best describes your current residence?

House Townhouse Lodge Shared
 Shelter Apartment Multiplex Roommate

The place where I am living has...
 _____ Number of bedrooms in the unit/home.

My family uses _____ (Number of bedrooms).

ASSETS

List the value of the following assets that are applicable or state N/A if not applicable. Please state a total value of assets for everyone in the household that is over 22 years old.

Type of Asset	Total Value (at application date)	Total Income or Interest Received/Year
Bank Account – Savings	\$ _____	N/A
Bank Account – Chequing	\$ _____	N/A
Equity in Real Estate	\$ _____	\$ _____
Guaranteed Investment Certificate (GIC)	\$ _____	\$ _____
Inheritance or Insurance Settlements	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Net Worth of Business	\$ _____	\$ _____
Retirement Savings Plan	\$ _____	\$ _____
Savings Certificate	\$ _____	\$ _____
Term Deposits	\$ _____	\$ _____
Other (Describe):	\$ _____	\$ _____
Total	\$ _____	\$ _____

Does anyone in your household:

Own a house? <input type="checkbox"/> YES <input type="checkbox"/> NO	Equity in House: \$ _____	Please attach a copy of your Mortgage Statement	
Own a Mobile Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Equity in Mobile Home: \$ _____	Please attach a copy of your Chattel Statement	
Own/Lease a Vehicle? <input type="checkbox"/> YES, Lease <input type="checkbox"/> NO <input type="checkbox"/> YES, Own	Equity: \$ _____	Value: \$ _____	Monthly Payment: \$ _____
Is there a 2 nd Vehicle in your household? <input type="checkbox"/> YES, Lease <input type="checkbox"/> NO <input type="checkbox"/> YES, Own	Equity: \$ _____	Value: \$ _____	Monthly Payment: \$ _____
Own a recreational vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Equity: \$ _____	Value: \$ _____	Monthly Payment: \$ _____
If you do not own/lease a vehicle, what is your main form of transportation?			

CONTACTS

Emergency Contact (e.g. Relative or Friend)	2ND Emergency Contact (if available)
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Relationship:	Relationship:

OFFICE USE ONLY:



Please Read Carefully

I understand that this is an application for the Temporary Rent Assistance Benefit program only and does not constitute an agreement on the part of the Medicine Hat Community Housing Society, or its agents to provide me with rental accommodation.

I further acknowledge the right of the Medicine Hat Community Housing Society at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damage otherwise, any acceptance or approval of this application previously made or given.

I/We _____ authorize Medicine Hat Community Housing Society To make any inquiries to verify the facts contained herein by any method deemed necessary; being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I agree that should I wish to be added to the waitlist for other programs, that it is my responsibility to advise the Medicine Hat Community Housing Society by completing a separate application, and notify the Medicine Hat Community Housing Society of any changes in family composition, source of income, gross income assets, employment, and change of address or any household changes should they occur.

Signature of Applicant #1

Signature of Applicant #2

STATUTORY DECLARATION

I/We _____ of the City of Medicine Hat in the Province of Alberta, do solemnly declare as follows:

1. That I/We am/are the applicant(s) on the said application.
2. That the statements made by me/us in the said declaration are, to the best of my/our knowledge, information and belief, full and true in all respects; I/We make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

Declared before me, at the City of Medicine Hat, in the Province of Alberta, this _____ day of _____, 20 _____

TIME COMMISSIONED: _____

Signature of Applicant #1

Signature of Commissioner for Oaths and
for the Province of Alberta

Signature of Applicant #2

Commissioner Expiry



Many employers or agencies who furnish assistance and/or benefits (HRDC, Social Services, Employment Insurance, WCB, etc.) will not release information without written consent from the employee or recipient. The Medicine Hat Community Housing Society therefore, requests the following be signed by all persons requesting assistance age 15 years of age or older who are listed in the Social Housing file.

Medicine Hat Community Housing Society Consent Form

I or We, _____ authorize:

- a) The Medicine Hat Community Housing Society, to verify all information relating to this Social Housing file 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 department, offices, agencies, boards or landlords.
- b) The Medicine Hat Community Housing Society to release and exchange any information and documents including personal information by and between the Medicine Hat Community Housing Society 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.
- c) The parties/agencies noted in the previous paragraph to release the same such information to the Medicine Hat Community Housing Society.
- d) The Medicine Hat Community Housing Society to obtain information from any person or agency for the purpose of audit or verification of our/my family income or circumstances.

Client #1:

Printed Name

Social Insurance Number

Signature

Date

Client #2:

Printed Name

Social Insurance Number

Signature

Date

The MHCHS is authorized to collect this information under Part 2, Division 1, Section 33(1)(g)(i) of the Freedom of Information and Protection of Privacy Act.