# St. Albert Utility Relief Grant

The City of St. Albert is collaborating with the St. Albert Community Village is offering a Utility Relief Grant to households. This Grant is a one-time annual amount of $75 or $200 dependent of your housing type. **For homeowners** this grant will be applied directly against your utility account**. For renters** the grant will be deposited to your bank account. This will **NOT** affect those on income supports.

**Eligibility** **requirements are listed below.**

**Eligibility:**

* Your household’s **total household annual income** must be at or under the CNIT (Core Needs Income Threshold)
* You are 18 and over
* You have lived in St. Albert a minimum of 6 months with a fixed address and you must be the home owner or lease holder
* You meet the residency requirements as outlined below

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| **FAMILY STATUS** | **CNIT THRESHOLD-2018** |
| Individual with no dependents | $34,000 |
| Couple with no dependents | $39,000 |
| Couple/Individual with 1 dependent | $50,000 |
| Couple/Individual with 2 dependents | $59,500 |
| Couple/Individual with 3 dependents | $64,500 |

**\*\*Residency Requirements**

All members of the household must be a Canadian Citizen, Permanent Resident or Landed Immigrant. Households with family members in Canada under a private sponsorship agreement are not eligible while the sponsorship agreement is in force.

**How to Apply:**

**STEP 1: Confirm your eligibility**

**STEP 2: Complete an application form**

**STEP 3: Attach supporting documents and submit application**

**STEP 4: You will be notified by telephone or email once your application has been reviewed**

Application forms can be found on our web site at [www.stalbertfoodbankandcommunityvillage.com](http://www.stalbertfoodbankandcommunityvillage.com) Email, fax or drop off completed application forms and supporting documents to:

St. Albert Food Bank and Community Village

30 – 50 Bellerose Drive, St. Albert AB T8N 3L5

ATTENTION: UTILITY COORDINATOR

[sacvbk@telus.net](mailto:sacvbk@telus.net)

Fax: 780-459-0589

Phone: 780-459-0599 ext. 5

Before submitting your application, please review to ensure all required paperwork is included. Processing time may be delayed if incomplete. Applications with missing information will be held for 30 days to allow time to gather missing material and after 30 days will be closed and a new application with all new supporting documents will be required.

Documents from all of the 5 categories below **MUST** be included with your application:

1. **Proof of status in Canada – one or several of the following may apply:**

* Copy of Canadian birth certificate
* Passport
* Citizenship papers or Immigration documents, Record of Landing (IMM1000) and Permanent Resident Card (both sides)

1. **Proof of Address –** Home owner (Drivers License)**,** Lease or Tenancy Agreement
2. **St. Albert Utility bill** – If applicable
3. **Proof of Income** (all household members)

**(Students over 18 in school must have letter from school)**

1. **Notice of CRA Tax Assessment** or allbank statements to all accounts or Pay Stubs

**Please note:**

* **All official documents must be current within 3 months and do not submit originals**.
* **Identification is required for each member listed on application**

**Grievance Procedure**

St. Albert Utility Relief Grant Program acknowledges and supports a client’s right to grieve the services provided and pursue effective resolution. Your grievance will be addressed professionally in a formal manner.

**Important Notice**

St. Albert Utility Relief Grant Program will comply with the provisions of the Freedom of Information and Protection of Privacy Act. It is the St. Albert Utility Grant Program’s intent to protect the privacy of its clients at all times in the collection, storage and destruction of information. Data collected will be used anonymously for future statistical analysis and reporting.

**FOR OFFICE USE ONLY**

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| **Date of approval** |  |
| **Date sent to City of St. Albert** |  |
| **Grant issuance method** | **EFT Cheque Utility Account Credit** |
| **Grant amount** | **$75 $200** |

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| This application is designed to collect specific information from Applicants applying for the St. Albert Utility Relief Grant Program in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act. St. Albert Utility Relief Grant Application | | | | | | | | | | | | | | | | |
| **Applicant Information** | | | | | | | | | | | | | | | | |
| Title: Mr. Mrs. Ms. Miss (please circle one)  Last Name: | | | | | | | | | | | First Name: | | | | | |
| Phone 1: | | | Phone 2: | | | | | | Email: | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
| St. Albert, Alberta | | | | | | Postal code: T8N | | | | | | | Date of birth: DD/MM/YY | | | |
| Are you a Canadian Citizen: \_\_\_YES \_\_\_NO | | | | | If no, Permanent Resident?:\_\_YES \_\_NO | | | | | | | Are you a full time student?  \_\_YES \_\_NO | | | | |
| **OTHER PEOPLE RESIDING IN HOME** | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | First Name: | | | | | | | |
| Date of birth DD/MM/YY | | | | | | | | | | Relationship to you: \_\_Spouse \_\_Son \_\_Daughter \_\_Other | | | | | | |
| Canadian Citizen: \_\_\_YES \_\_\_NO | | | | | | | | | Permanent Resident?:\_\_YES \_\_NO | | | | | | | |
| If over 18 and not a full time student, do they have a source of income: \_\_Yes \_\_No (if yes, include required paperwork) | | | | | | | | | | | | | | | | |
| **ADDITIONAL PEOPLE (attach extra sheet if required)** | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | First Name: | | | | | | | |
| Date of birth: DD/MM/YY | | | | | | | | | | Relationship to you: \_\_Spouse \_\_Son \_\_Daughter \_\_Other | | | | | | |
| Canadian Citizen: \_\_\_YES \_\_\_NO | | | | | | | | Permanent Resident?:\_\_YES \_\_NO | | | | | | | | |
| ***If over 18 and not a full time student, do they have a source of income: \_\_Yes \_\_No (if yes, include required paperwork)*** | | | | | | | | | | | | | | | | |
| **ADDITIONAL PEOPLE** | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | First Name: | | | | | | | |
| Date of birth: DD/MM/YY | | | | | | | | | | Relationship to you: \_\_Spouse \_\_Son \_\_Daughter \_\_Other | | | | | | |
| Canadian Citizen: \_\_\_YES \_\_\_NO | | | | | | | | | Permanent Resident?:\_\_YES \_\_NO | | | | | | | |
| ***If over 18 and not a full time student, do they have a source of income: \_\_Yes \_\_No (if yes, include required paperwork)*** | | | | | | | | | | | | | | | | |
| **Housing Information** | | | | | | | | | | | | | | | | |
| Housing Type: (Please check one) \_\_ Single Family House/Duplex \_\_ Apt \_\_Townhouse  \_\_ Basement Suite | | | | | | | | | | | | | | | | |
| Ownership Status: \_\_Own\_\_ Rent | | | | | | | | | | | | | | | | |
| I have been a resident of St. Albert since: (Month, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Verification Required** | | | | | | | | | | | | | | | | |
| Home Owner:\_\_  Copy of Utility bill (***Water & Waste***) (min. 6 months old) | | | | | | | | Proof of Rent:\_\_  Current copy of Lease | | | | | | | | |
| **\*Basement suites must be registered with the City of St. Albert. If you are in a basement suite, we may ask for a copy of the occupancy permit.** | | | | | | | | | | | | | | | | |
| **Income Information**  **\*\*** Income from all sources for each working household members must be declared.  ***Please check*** ***ALL*** household ANNUAL sources of income below: | | | | | | | | | | | | | | | | |
| Please check all that apply: | | | | | | | | | | | | | | | | |
| Household Income: | Employment | | | CPP | | | OAS | | AB Seniors | | | | AB  Works | | Other | ANNUAL  INCOME |
| Applicant |  | | |  | | |  | |  | | | |  | |  |  |
| Person 1 |  | | |  | | |  | |  | | | |  | |  |  |
| Person 2 |  | | |  | | |  | |  | | | |  | |  |  |
| Person 3 |  | | |  | | |  | |  | | | |  | |  |  |
| Person 4 |  | | |  | | |  | |  | | | |  | |  |  |
| **OTHER INFORMATION** | | | | | | | | | | | | | | | | |
| Have you or anyone on the application ever received St. Albert Utility Relief Grant before?  \_\_ Yes \_\_ No | | | | | | | | | | | | | | | | |
| If your application is approved, ***and you DO NOT*** have a Utility Account, how would you like to receive your grant? \_\_ EFT (Electronic Funds Transfer) \_\_ Mailed Cheque  - Note: If requesting EFT, please complete attached Direct Deposit Enrollment Form with Bank information.  -Note: If requesting a cheque, there is a 6 week processing time.  ***If requesting a cheque, there is a 6 week processing time.*** | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | |
| The information you give will be kept confidential. The collection of information is authorized under section 33(c) of the Freedom of Information and Protection of Privacy Act and the privacy protection provisions in that act will protect it. Data collected will be used anonymously for future statistical analysis and reporting.  I declare this is my application. I declare that all the information in it is true and complete to the best of my knowledge. | | | | | | | | | | | | | | | | |
| Print Name | | Signature of applicant | | | | | | | | | | | | Date | | |