The **St. Albert Rental Assistance Program** provides individuals and families with the ability to sustain appropriate housing. The program provides rental assistance for low to moderate income families and individuals to assist with monthly rent payments up to a **max of one (1) year**. To qualify, individuals and families must be gainfully employed, must meet the household income threshold, and must pay more than 30% of your gross monthly household income towards rent.

**How to Apply:**

* **STEP 1: Confirm your eligibility**
* **STEP 2: Complete an application form**
* **STEP 3: Attach supporting documents and submit application**

Completed application forms and supporting documents can be sent to the following address,

or dropped off at:

St. Albert Food Bank and Community Village

30 – 50 Bellerose Drive

St. Albert AB T8N 3L5

**ATTENTION: Vivian Collacutt RAP CO-ORDINATOR**

**780-459-0599 ext 3**

**STEP 4:** **You will be contacted after your application has been reviewed** **with further directions.**

**Please do not call the office.**

**Please note:** Although you may qualify based on the application package, funding is limited and will therefore be granted based on highest need. If Applicant is approved, and space is not available, the Applicant will be placed on a waiting list.

**Eligibility**

|  |  |
| --- | --- |
| **FAMILY STATUS** | **CORE NEEDS THRESHOLD-2019** |
| Individual with no dependents | $35,000 |
| Couple with no dependents | $41,000 |
| Couple/Individual with 1 dependent | $51,500 |
| Couple/Individual with 2 dependents | $61,000 |
| Couple/Individual with 3 dependents | $65,000 |
|  |  |

* Your household’s total annual income must be within the Core Needs Threshold (above)
* Your annual household income **must** come from employment
* You are between 18 and 64 years of age, or an independent minor with a child
* You have lived in St. Albert a minimum of 6 months with a fixed address and you must be the lease holder
* You pay more than 30% of your gross (before tax) monthly household income towards the rent & heat for your home
* You have less than $25,000 in assets ***(See reference A)***
* You have no other financial options to sustain housing
* You do not hold a mortgage
* You meet the residency requirements for the program ***(See reference B***

**Eligibility for Seniors**

* You are age 65 or older
* You meet the residency requirements for the program ***(See reference B)***
* You have lived in St. Albert a minimum of 6 months with a fixed address, and you must be the lease holder
* You pay more than 30% of your gross (before tax) monthly household income towards the rent & heat for your home
* You do not hold a mortgage or own property
* You do not live in a subsidized or private facility funded by the Alberta Senior & Community Supports
* You do not live in a residential care facility
* Your gross monthly income does not exceed the following: (Income may include: OAS, CPP, Senior Benefits, Pensions, etc)

|  |  |
| --- | --- |
| **FAMILY STATUS** | **INCOME THRESHOLD** |
| Individual with no dependents | $35,000 |
| Couple with no dependents | $41,500 |
| Couple/Individual with 1 dependent | $51,500 |

**IMPORTANT NOTE**

**YOU WILL *NOT* BE ELIGIBLE IF:**

* **YOU ARE CURRENTLY RECEIVING RENTAL ASSISTANCE FROM CAPITAL REGIONAL HOUSING CORPORATION**
* **YOU ARE RECEIVING INCOME ASSISTANCE UNDER THE INCOME EMPLOYMENT SUPPORTS ACT**
* **YOU ARE RECEIVING ASSURED INCOME FOR THE SEVERELY HANDICAPPED ACT (AISH)**
* **YOU ARE RECEIVING EMPLOYMENT INSURANCE**
* **YOU ARE SELF EMPLOYED**

**Responsibility**

**The responsibility of the St. Albert Rental Assistance Program will be as follows:**

1. To determine if an Applicant is eligible for rental assistance.
2. To explain all the rules of the program to all qualified Applicants.
3. To make rental assistance benefit payment to the Applicant on the first day of each month.

1. Provide resources to Applicants who need to be connected to appropriate supports.
2. The Program Coordinator will connect with the Applicant within the first month to review need and provide resources; again half way through program to review need of resources; and a final meeting will occur 1 month prior to the end of the program. During these visits, the Outreach Coordinator can provide Applicant with the appropriate referrals /resources where necessary.

**The responsibility of the Applicant will be as follows:**

1. To provide complete, accurate and current information to the St. Albert Rental Assistance Program.
2. To report all changes in income, assets, and family composition within 30 days

***(See reference C).***

1. To pay rent to their landlord on a timely manner and provide monthly proof of paid rent to the St. Albert Rental Assistance Program. If the Applicant fails to comply with the program requirements, such as failing to pay rent for any reason, the Applicant’s participation in the program may be terminated.
2. To work closely with the Program Coordinator to utilize referred resources to make possible the ability to sustain housing without support.
3. To attend Financial Literacy Classes as offered in partnership with St, Albert Further Education.

**Grievance Procedure**

St. Albert Rental Assistance 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 Rental Assistance Program will comply with the provision of the Freedom of Information and Protection of Privacy Act. It is the St. Albert Rental Assistance Program’s intent to protect the privacy of its clients at all times in the collection, storage and destruction of information.

**REFERENCE A**

**What does or doesn’t count towards $25,000 asset ceiling?**

Considered:

* Stocks/bonds/term deposits/mutual funds
* Cash
* Business Equity – equity value in the private incorporated company of Cash, GIC’s bonds, stocks or real estate held by company.

Not considered:

* Vehicles
* Bursaries or scholarship from educational institutions for any household member that is a current student
* Registered Education Savings Plan (RESPs) and registered Retirement Savings Plans (RRSPs)
* Personal effects; e.g. jewelry, furniture
* Trade or business tools essential to continue currently active employment; e.g. farm equipment
* Assets derived from compensatory packages from government (examples include: Indian Residential School Settlements; and Japanese Canadian Redress)

**REFERENCE B**

**Residency Requirements**

All members of the household must be a Canadian citizen, a landed immigrant or a refugee claimant. Households with family members in Canada under a private sponsorship agreement are not eligible while the sponsorship agreement is in force.

**REFERENCE C**

**Reporting Procedures**

**WHEN IN DOUBT CALL THE RENTAL ASSISTANCE COORDINATOR (780-459-0599)**

The information will be placed in your file and you will be notified if more information is needed or if there are any changes to your subsidy amount.

For a list of changes, **Changes in . . . (include, but not limited to)**

|  |  |
| --- | --- |
| **Household Income** | **Household Composition** |
| New job (even if it is a second job) | New baby |
| Termination of job | A death in the assisted family |
| Pay raise | Any person who lives with you (sleeps, eats, bathes in your home) must be reported. [[1]](#footnote-1) |
| Pension, SSA, etc. |  |
| Business Income |  |

Before submitting your application for the Rental Assistance Program, please review the following to make sure that all required information is included with the application. Processing of applications will be delayed if submitted incomplete.

* Applications are effective the date they are completed.
* Incomplete applications will be held for 30 days to allow Applicants time to gather missing documentation.
* After 30 days, incomplete applications will be terminated and the Applicant will be required to submit a new application with supporting documents.

**Please do not submit original documents**.

**1. Proof of status in Canada** (Proof is required for all family members)

* Copy of Canadian birth certificate(s) for all family members born in Canada; and
* For family members not born in Canada, provide copies of citizenship papers or immigration documents. Acceptable proof includes:
* Record of Landing (IMM1000); or
* Sponsorship Undertaking: Confirmation of Permanent Residence (IMM5292) (long form).

**(Proof is required for all members listed on application)**

**2. Proof of Rent**

* Current month’s rent receipt
* Copy of lease or Tenancy Agreement showing current rent amount and house address

\* do not send a letter in lieu

* Heating bills – 3 months (if not included in rent)

**3. Proof of Assets**

* Copies of all bank statements (3 months worth)
* Letter from financial institution
* Other statement showing total value of asset(s)

**4. Proof of Income** Proof of Income is required for both yourself and your spouse (if applicable).

* Last year’s Income Tax Notice of Assessment
* Proof of CURRENT gross monthly income, from all sources (e.g. Child Tax Credit, Child Benefits, Child Support Payments, RIF interest payments) (3 months worth)

**NOTE 1: children over 18 living in household must provide proof of attending school or must be contributing to household income and then must provide proof of income**

**NOTE 2: all other adults living in household must provide proof of incom**

This application is designed to collect specific information from Applicants applying for the St. Albert Rental Assistance Program in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| St. Albert Rental Assistance Program Application | | | | | | | | | | | | | | | |
| Applicant Information | | | | | | | | | | | | | | | |
| **First Name: Last Name:** | | | | | | | | | | | | | | | Mr. Mrs. Ms. Miss  (please circle one) |
| Apt #: | | Address: | | | | | | | | Postal Code: | | | | | |
| **ST. ALBERT, ALBERTA** | | | | | | | | | | | | | | | |
| Home Phone: ( ) | | | | Cell Phone: ( ) | | | | | | | Work Phone: ( ) | | | | |
| Email address: | | | | | | | | | | | | | | | |
| Birthdate: | | | | Social Insurance Number: | | | | | | | | | | | |
| Are you a Canadian Citizen? € Yes € No | | | | Are you a Permanent Resident? € Yes € No | | | | | | | Are you a full time student? € Yes € No | | | | |
| Other People Residing in the Home: (including children) | | | | | | | | | | | | | | | |
| 1. **First Name: Last Name:** | | | | | | | | | | | | | | | |
| Birthdate: | | | | | | | | | | | Age: | | | | |
| Social Insurance Number: | | | | | | | Relationship to you: € Spouse € Son € Daughter € Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Are they a Canadian Citizen? € Yes € No | | | | If no, a Permanent Resident? € Yes € No | | | | | | Do they go to school full time? € Yes € No | | | | | |
| Do they have a source of income: € Yes € No (if yes, include required paperwork) | | | | | | | | | | | | | | | |
| 1. **First Name: Last Name:** | | | | | | | | | | | | | | | |
| Birthdate: | | | | | | | | | | Age: | | | | | |
| Social Insurance Number: | | | | | | | Relationship to you: € Spouse € Son € Daughter € Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Are they a Canadian Citizen? € Yes € No | | | | If no, a Permanent Resident? € Yes € No | | | | | | Do they go to school full time? € Yes € No | | | | | |
| Do they have a source of income: € Yes € No (if yes, include required paperwork) | | | | | | | | | | | | | | | |
| 1. **First Name: Last Name:** | | | | | | | | | | | | | | | |
| Birthdate: | | | | | | | | | | Age: | | | | | |
| Social Insurance Number: | | | | | | | Relationship to you: € Spouse € Son € Daughter € Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Are they a Canadian Citizen? € Yes € No | | | | If no, a Permanent Resident? € Yes € No | | | | | | Do they go to school full time? € Yes € No | | | | | |
| Do they have a source of income: € Yes € No (if yes, include required paperwork) | | | | | | | | | | | | | | | |
| Rental History | | | | | | | | | | | | | | | |
| Your current monthly rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (do not include utilities, parking, cable, etc) | | | | | | | | | | | | | | | |
| Please check one: € House € Apartment € Townhouse € Basement Suite € Condo | | | | | | | | | | | | | | | |
| Do you receive room & board by any members of the household? € Yes € No | | | | | | | | | | If yes, how much? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Does your rent include heat (natural gas)? € Yes € No If no, include 3 copies of your highest month’s bills in the past year. | | | | | | | | | | | | | | | |
| Please include your address(es) for the past 12 months | | | | | | | | | | | | | | | |
| Address | From Date  (d/m/y) | | | | | To Date  (d/m/y) | | | Name of Landlord | | | | | Landlord’s Phone Number | |
|  |  | | | | |  | | |  | | | | |  | |
|  |  | | | | |  | | |  | | | | |  | |
| **Verification Required:** **Proof of Rent** € Copy of lease or Tenancy Agreement showing current rent amount and house address.  **Do not sent a letter in lieu.** 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 | | | | | | | | | | | | | | | |
| \*\* **ALL** income from all sources for all household members must be declared. Use additional sheets if more space is required.  Please list all household MONTHLY sources of income below: | | | | | | | | | | | | | | | |
| **Household Income** | | | **Applicant** | | | | | **Person 1** | | | | | **Person 2** | | |
| WORK – JOB 1 | | |  | | | | |  | | | | |  | | |
| WORK – JOB 2 | | |  | | | | |  | | | | |  | | |
| CHILD TAX CREDIT | | |  | | | | |  | | | | |  | | |
| CHILD TAX BENEFIT | | |  | | | | |  | | | | |  | | |
| CHILD SUPPORT | | |  | | | | |  | | | | |  | | |
| CANADA PENSION PLAN | | |  | | | | |  | | | | |  | | |
| OLD AGE SECURITY | | |  | | | | |  | | | | |  | | |
| SENIORS BENEFITS | | |  | | | | |  | | | | |  | | |
| EI MATERINTY BENEFITS | | |  | | | | |  | | | | |  | | |
| OTHER | | |  | | | | |  | | | | |  | | |
| Assets | | | | | | | | | | | | | | | |
| **List all Assets and Money of all household members** | | | **Applicant** | | | | | **Person 1** | | | | | **Person 2** | | |
| CASH ON HAND | | |  | | | | |  | | | | |  | | |
| MONEY IN BANK | | |  | | | | |  | | | | |  | | |
| STOCK / BONDS / GICS | | |  | | | | |  | | | | |  | | |
| RRSP / RESP | | |  | | | | |  | | | | |  | | |
| RIF / OTHER | | |  | | | | |  | | | | |  | | |
| OTHER INFORMATION  1. Have you or anyone on the application ever received St. Albert Rental Assistance subsidy before? € Yes € No  2. Have you or anyone on the application ever applied for rent subsidy from Capital Regional Housing Corporation? € Yes € No  If yes, please state when you applied and how long you have been on the waiting list for:  Application for Subsidy date (d/m/y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **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.  I am aware that the St. Albert Rental Assistance benefit is a taxable benefit; in which, I will receive a T5-007 at tax time; I am aware that this benefit will affect my total income earned, which may affect my additional federal and provincial benefits that may include, but not limited to GST, Child Tax Credit, Alberta Benefits.  I declare this is my application. I declare that all the information in it is true and complete to the best of my knowledge. | | | | | | | | | | | | | | | |
| Signature of applicant: | | | | | Print Name: | | | | | | | Date: | | | |

1. [↑](#footnote-ref-1)