# Rental Assistance Program

# **Application Form**

# Submit completed application with supporting documents to:

Rental Assistance Program 101 – 4555 Kingsway Burnaby, BC V5H 4V8

#### Please:

Print clearly.

Do NOT include original documents (we require photocopies only).

Do NOT use staples.

# **Avoid Processing Delays:**

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed and dated.
- Complete all sections and declarations.
- Include all supporting documents as listed in the attached checklist.

Applications submitted without required supporting documents can be held for a maximum of 90 days.

The Rental Assistance Program provides eligible low-income, working families in British Columbia with direct cash assistance to help with their monthly rent payments for their housing in the private market.

# Who is eligible?

You may be eligible for the Rental Assistance Program if you and your spouse, if applicable, meet **all** the following conditions:

- 1. Have one or more dependent children.
- 2. Some or all annual household income comes from employment or employment insurance.
- 3. Your gross annual household income is \$40,000 or less.
- 4. Have less than \$100,000 in assets.
- 5. You file an annual Canadian income tax return.
- 6. You pay **more** than 30% of gross (before tax) monthly household income towards the rent for your home, including the cost of pad rental for a manufactured home (trailer) that you own and occupy.
- 7. You meet one of the following Citizenship requirements: Canadian citizen(s), or authorized to take up permanent residence in Canada, or Convention refugee(s); and are not under private sponsorship.
- 8. You or your spouse has lived in British Columbia for the full twelve (12) months immediately preceding your application.
- 9. You do not receive income assistance through the B.C. Employment and Assistance Act or the Employment and Assistance for Persons with Disabilities Act (excluding Medical Services only).

For more information on eligibility, please see the Rental Assistance Program brochure (online at <a href="www.bchousing.org">www.bchousing.org</a>) or call the Rental Assistance Program office at the number(s) below.



Rental Assistance Program

FOR OFFICE USE C	NLY		PLEASE
Date:	Status:	File:	PRINT
			CLEARLY

1.	Ann	licant	Inforn	nation
• •	7PP	IIGaiit		iiatioii

Social Insurance Number*	Last Name		First Name(s)	
Birth Date (dd/mm/yyyy)	Age	Sex (M/F)		Born in Canada? (Yes/No)

### 2. Spouse or Partner Information (if applicable)

Social Insurance Number*	Last name		First name(s)	
Birth Date (dd/mm/yyyy)	Age	Sex (M/F)		Born in Canada? (Yes/No)

<sup>\*</sup>Required only if Option 1: Consent Granted is selected in question 3, below.

## 3. Consent for Release of Information from Canada Revenue Agency

To determine eligibility for the Rental Assistance Program, income tax information is required. You may give the Canada Revenue Agency permission to provide the required information or you can provide it to BC Housing yourself.

SELECT Option 1 or Option 2 below. Do not check more than one box.

Option 1: Consent Granted	Option 2: Consent Not Granted
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I/We hereby consent to the release, by the Canada Revenue Agency, to BC Housing of information from my/our income tax records, whether supplied by me/us or by a third party. The information will be relevant to, and used solely for the purpose of, determining and verifying my/our eligibility, entitlement for and the general administration and enforcement of rental assistance/subsidies from BC Housing.

This authorization is valid for the current taxation year, the two taxation years immediately preceding the current taxation year and each subsequent consecutive taxation year for which I/we have applied for rental assistance/subsidy.

I/we understand that if I/we wish to withdraw this consent, I/we may do so at any time by writing to:

Manager, Applicant Services BC Housing, 1701-4555 Kingsway Burnaby, BC V5H 4V8. I/We do not give consent for the Canada Revenue Agency to provide my/our income tax information to BC Housing. I/We understand that I/we will be responsible for providing verification of my/our income and assets in order to confirm eligibility for rental assistance/subsidy. I/We have attached the following proof:

- Copy of Notice of Assessment for the last filed tax year.
- Copy of detailed Income Tax Return for the last filed tax year.
- If self-employed: Copy of Statement of Business Activities and all related worksheets (only required for individuals with self-employment income, either business or professional on their tax return).

NOTE: If you are not able to locate your Income Tax Return or Notice of Assessment, please contact the Canada Revenue Agency at 1-800-959-8281 or 1-800-959-2221 and request a "Detailed Notice of Assessment" or "Option C" print out.

Applicant:	Print Name	Signature	Date
Spouse:	Print Name	 Signature	 Date

4. Residency	Inform	nation							
4a. Have you live	d in B.C.	for the past twe	lve	months?   Ye	s	□ No			
If no, when di	If no, when did you move to B.C.?								
How long hav	e you liv	ed in Canada?_							
<b>4b.</b> Please list yo	ur addres	ss(es) for the las	t 12	2 months:					
Address(es)	)	From Date (dd/mm/yyyy)		To Date (dd/mm/yyyy)		Landlord Name	е	Landle	ord Phone #
Current address									
As If you are your			<u> </u>		.1.4	a tha fallantina.			
<b>4c.</b> If you or your	spouse	Date moved			Jiet		red Im	migrants O	nly
Name		to Canada		urrent status in anada		Name of Sponsor		End	Date of
	(dd/mm/yyy					·		Sponsorship Agreement	
5. Spousal In A spouse is a part relationship.			om	mon-law, or the pe	erso	on with whom the A	pplicar	nt is living ir	n a marriage-like
☐ Single – N	lever Ma	rried		□ W	'ido	wed			
Divorced	or Separa	ated	ı	Date Separated or	Div	vorced:			-
☐ Married or	Commo	n Law							
Does your spo	use live	with you at your	B.C	C. residential addre	ss	?			
Yes 🗌 No 🗌	] If	No, provide their	ad	dress:					
6. Household	l Inforn	nation							
6a. List all other	persons	living with you.	(If	required, attach add	itior	nal names on a separ	ate she	et)	
Relationship To Applicant	La	ast Name		Given Names		Birth Date* (dd/mm/yyyy)	Age*	Sex* (M/F/O)	Rent Contribution**

<sup>\*</sup>Required for Dependents only

<sup>\*\*</sup>Rent Contribution required only for non-dependents (i.e.: adult children, roommates, other)

<b>bb.</b> (Optional) Do you	i or anyone in your not	usenoid identily as being	g an indigeno	us person c	or Canada?	
Yes No <b>If yes,</b> please select the option(s) that best describes your Indigenous identity:						
	☐ First Nations	☐ Métis	☐ Inuit		Other	
	-	only for spouse and/or				
6c. For each housel	nold member not bor	<u>n in Canada</u> please co	mplete the fo	ollowing:		
N.	Date moved		S	ponsored li	mmigrants Only	
Name	to Canada (dd/mm/yyyy)	Status in Canada	Name of Sp	onsor	Date Sponsorship Agreement Ends	
					-	
If required, attach addition	onal names on a separate	sheet.		·		
6d. Do all the people	e listed live with you	full time right now?		Yes 🗌 N	lo	
If <b>No</b> , please prov	vide the name of the po	erson(s) and number of	days per wee	k they live	with you.	
Name	Days per week	Shared custody? (Yes/No)	If not share with you fu		why does the person not live	
If required, attach addition	onal names on a separate	e sheet.	ı			
6e. Is any member of	of your household ag	ed 19 or older and a fu	ıll-time stude	ent?	☐ Yes ☐ No	
If yes, list names  → Note: See attached	I checklist for details of p	roof required.				
		disabled dependent fo	r income tax	nurnoses?	? □Yes □No	
If yes, list names	n your nouconoid a c	aloubled dopolidont lo	i inioonio tax	pui pooco i		
•	I checklist for details of p	roof required.				
7 Contact Info						
7. Contact Infor	mation		Maria Diagram			
Home Phone (	) -		Work Phone	) -		
Cell Phone	· · · · · · · · · · · · · · · · · · ·		Email			
Optional: Name of person	) -	es with	Message per	son nhono n	umher	
optional. Name of perso	on we can leave messagi	os willi	(	) -	umber	
Optional: Authorized Co	ntact* name and relation	ship to you	Authorized C	ontact phone	number	
		ng permission for BC Hous nce file. To remove an au			n with that authorized contact in ntact BC Housing.	
8. Residential A	ddress					
Apt #	Street #	Street Nam	е			
City			B.C.	Postal Cod	le	

ou. Manning Addi	ess wan is sent to the residential ad	idiess, except	ioi rurar ar	eas will no ma	ii delivery.
Apt #	Street #	Street Name			
City	1		B.C.	Postal Code	
8b. Landlord Info	ormation		•		
Landlord Name		Landlord Pho	ne		
Landlord Address		<u> </u>			
9. Rent Inform	nation				
9a. Do you:	Rent Own	] Rent-to-own			
How much is	your rent? \$ (Do r	not include hyd	ro, cable c	r parking in ren	nt amount)
Is this:	☐ Monthly ☐ Weekly ☐	] Nightly/Daily			
Does your ren	t include heat?	] No			
Is your rent su	ubsidized?	] No			
Do you share	a kitchen or bathroom with another to	enant or your la	andlord?	☐ Yes ☐ N	No
9b. Check all of t	he following that apply:				
house, tow	elf-contained basement suite  // Anufactured/Trailer/Mobile home	☐ law pai	rtner)	g Co-operative	than spouse/common
If you live in a	manufactured/trailer/mobile home, d	o you? 🗌 Ow	n 🗌 Ren	t Trailer Rent	\$
Do you pay pa	ad rental? Yes No			Pad Rent	\$
10a. Have you (or B.C. Employi last 24 month If yes, when we note: If you and income sources 10b. Did you received.	come Information your spouse) received income assistment and Assistance Act or the Employs? Yes No yas the last payment received? Swered Yes, proof is required that your income is required. See attached checklist for one any support payments last year (notly receive any support payments?	come assistance details.	esistance fo	or Persons with	Disabilities Act in the
_					
-	any tax-exempted income last year?	umant and ami	aloumont in		☐ Yes ☐ No
	d incomes include on-reserve employees to any of the questions in 10h place	-	=	-	
ii you ariswered re	es to any of the questions in 10b plea  Income or Payment Type	ise provide trie	Last Year	's Gross Total	Current Gross Monthly
Support payments			A	mount	Amount
	ot include child tax benefits or Universal Child	Care Subsidy)			
Employment Incom		Jazo.uj/			
Employment Insura					
Other (describe):					

10c. Did you (or your spouse) repetax return?	ort income from em	ployment or employment	insurar	nce on the pro	evious year's
☐ Yes ☐ No					
10d. Was the combined gross inco	ome on the previous	s year's tax returns for yo	urself a	ınd spouse u	nder \$40,000?
☐ Yes ☐ No					
If you answered <b>No</b> to either of the atto, and continue from Section 12 (As		olease complete section 11	(Currer	nt Income) oth	erwise proceed
11. Current Income Information	ion				
You must declare <b>all sources of cu</b> required.	rrent incomes and g	ross monthly amounts for e	each sou	ırce. Attach e	extra sheet if
Income Source (Employment, Emp	loyment Insurance, P	Pensions, Support Income,	Other)	Applicant	Spouse
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
→ Note: See attached checklist for de	etails of proof required.				
12. Asset Information					
12a. Canadian and Foreign Financ	es: You must ansv	ver ves or no in the decla	ration fo	or each line li	stad halow
			1 4 1 1 1 1	or cacif fille ii	Sted Delow.
Type of Assets (including all bank	Do you hold	Bank, financial		Total Val	
Type of Assets (including all bank	Do you hold any of this	Bank, financial institution or company		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)	Do you hold any of this asset?	Bank, financial institution or company		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)	Do you hold any of this asset?	Bank, financial institution or company		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits	Do you hold any of this asset?  Yes No	Bank, financial institution or company		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP	Do you hold any of this asset?  Yes No Yes No	Bank, financial institution or company		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP  Trust Funds	Do you hold any of this asset?  Yes No Yes No Yes No	Bank, financial institution or company		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP  Trust Funds  Bonds/Other Shares/Foreign Funds	Do you hold any of this asset?  Yes No Yes No Yes No Yes No	Bank, financial institution or company		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP  Trust Funds  Bonds/Other Shares/Foreign Funds  Other Assets including Cash	Do you hold any of this asset?  Yes No Yes No Yes No Yes No Yes No Yes No	Bank, financial institution or company		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP  Trust Funds  Bonds/Other Shares/Foreign Funds  Other Assets including Cash  Other	Do you hold any of this asset?  Yes No	Bank, financial institution or company name		Total Val	ue (\$)
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP  Trust Funds  Bonds/Other Shares/Foreign Funds  Other Assets including Cash  Other  Shares in a company or business*	Do you hold any of this asset?  Yes No Other Research No Doubles Provide legand, commercial pro	Bank, financial institution or company name	Ap	Total Value	ue (\$) Spouse
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP  Trust Funds  Bonds/Other Shares/Foreign Funds  Other Assets including Cash  Other  Shares in a company or business*  *If you own shares in a company or  12b. Do you or your spouse (if approximate)	Do you hold any of this asset?  Yes No Other Research No Doubles Provide legand, commercial pro	Bank, financial institution or company name	Ap	Total Value	ue (\$) Spouse
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP  Trust Funds  Bonds/Other Shares/Foreign Funds  Other Assets including Cash  Other  Shares in a company or business*  *If you own shares in a company or  12b. Do you or your spouse (if approximately townhouse, condominium, late of the solution of the second of the solution of the solution of the second of the solution of the second of the second of the solution of the second	Do you hold any of this asset?  Yes No Ousiness provide legand, commercial proving information:	Bank, financial institution or company name	Ap	g. house, cot	ue (\$) Spouse
Type of Assets (including all bank accounts, even with negative balances)  Chequing and Savings account(s)  Stocks, GIC's, Term Deposits  RRSP/RESP/RSP/RDSP  Trust Funds  Bonds/Other Shares/Foreign Funds  Other Assets including Cash  Other  Shares in a company or business*  *If you own shares in a company or  12b. Do you or your spouse (if approximately townhouse, condominium, late of the solution of the second of the solution of the solution of the second of the solution of the second of the second of the solution of the second	Do you hold any of this asset?  Yes No Ousiness provide legand, commercial proving information:	Bank, financial institution or company name	Ap	g. house, cot	ue (\$) Spouse

### Purpose of this form:

This form collects personal information for contact purposes and to determine eligibility for assistance through the Rental Assistance Program. The information is collected in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your information, please call 604-433-1711 and ask to speak to BC Housing's Privacy Officer or write to 4555 Kingsway, Burnaby, BC, V5H 4V8.

# 13. Declaration and Consent

PLEASE READ AND SIGN

#### I/We declare:

■ This is my/our application and all the information in it is true, correct and complete in every respect; fully discloses my/our income from all sources; and accurately represents my current living circumstances.

#### I/We permit:

■ BC Housing to verify any of the information I/we have provided in this application in order to assess my/our eligibility for benefits under the Rental Assistance Program.

## I/We acknowledge and understand that:

- It is my/our responsibility to promptly provide, or cause to be provided, all information and documentation that is reasonably requested by BC Housing to determine my/our eligibility for benefits and/or for audit purposes. I/we are responsible to immediately inform BC Housing of any changes in my/our address, rent, marital status, family size, or the people sharing my/our accommodation so that my/our benefit can be adjusted accordingly.
- Failure to report changes in my/our address or household composition may result in an interruption or suspension of benefits and may also result in an overpayment, which I/we will be required to repay.
- Failure to report if I/we begin to receive income assistance through the Ministry responsible for the B.C. *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act* will result in an overpayment of benefits which I/we will be required to repay.
- Benefits paid under this agreement are a reimbursement of actual rent paid and if I/we fail to pay the full rental amount BC Housing may immediately stop payment of benefits and I/we agree to return to BC Housing all benefits paid for periods in which the full rental amount was not paid.
- BC Housing will audit some Rental Assistance Program applications and benefits may be adjusted if the audit reveals errors or omissions in any information.
- Misrepresentation of the information provided, in writing or by omission, may result in recovery of benefits in addition to any other remedies available in law or equity.
- Failure to report if I/we acquire property or my/our assets exceed \$100,000 will result in an overpayment which I/we will be required to repay.
- If I/we wish to withdraw this Declaration and Consent, I/we may do so at any time in writing to BC Housing, however withdrawal will result in my/our being ineligible for assistance through the Rental Assistance Program.

Signature of Applicant	Date	Signature of Spouse (if applicable)	Date

### **Next Steps**

- 1. **Sign & Date Application:** Unsigned applications will be returned which will result in a processing delay.
- 2. **Attach Supporting Documents:** (Do not send original documents) Review the attached checklist for more information on supporting documents.
- 3. **Submit Application:** Rental Assistance Program, 101 4555 Kingsway, Burnaby, BC V5H 4V8.

**NOTE:** The most common cause of processing delays is missing documentation. Applications submitted without all required supporting documents can be held for a maximum of 90 days.



# Checklist Rental Assistance Program

Before submitting this application for the Rental Assistance Program, please review the following to make sure that all required information is included with the application.

- Applications are effective the latter of the month in which they are received by the Rental Assistance Program or the month in which an applicant is deemed eligible.
- > Incomplete applications will be held for up to 90 days to allow applicants time to gather missing documentation.
- After 90 days, incomplete applications will be cancelled and the applicant will be required to submit a new application with supporting documents.
- > Please do not submit original documents.

1.	Income Tax Information (Required for applicant and spouse, if applicable.)
	☐ Provide consent for release of tax information from Canada Revenue Agency (CRA) on page 2 of this application; or
	Provide copies of last year's Income Tax Notice of Assessment <b>AND</b> detailed Income Tax return (include all pages); or T-slips from all income sources.
	Note: If you are not able to find your Income Tax Return or Notice of Assessment you can submit a Proof of Income Statement (Option C print) from Canada Revenue Agency (CRA). This can be obtained by either logging into your CRA My Account at www.cra.gc.ca/myaccount and printing your assessment or calling CRA at 1-800 959-8281.  Note: If bankruptcy was declared within the last two taxation years, provide copies of the Income Tax Notices of
	Assessment and detailed Income Tax returns for both the pre- and post-bankruptcy.
2.	Proof of Current Income
	Proof of any regular ongoing funds from non-taxable sources (alimony, family support, on-reserve income, private disability pension, etc.)
	☐ Proof of current income from all sources if you answered No to questions 10c or 10d.
3.	Bank Information for Direct Deposit  Blank cheque marked VOID; or  A Preauthorized Debit Form provided by your financial institution; or  The Direct Deposit page included with this application completed by your financial institution
	The Direct Deposit page included with this application completed by your financial institution.
4.	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 Permanent Residence documents.  Acceptable proof includes:
	<ul> <li>Record of Landing (IMM1000) or Confirmation of Permanent Residence (IMM5292); or</li> </ul>
	Any immigration document showing the date landed and the immigration code; or      Consider Citizenship Cord, if you have been a Consider Citizen for more than eight years.
	<ul> <li>Canadian Citizenship Card, if you have been a Canadian Citizen for more than eight years.</li> </ul>
5.	<b>Students.</b> Children age 19 to 24 in full-time attendance at a school, university or vocational institution must provide proof of enrolment.
6.	Proof of Rent
	Rent Receipt showing address, rent amount, date and landlord name; or
	Copy of recent Rent Increase Notice; or
	Copy of Lease or Tenancy Agreement (if signed within the past 12 months).
7.	Proof of Assets (Include all that apply.)
	<ul> <li>Copies of bank statements from all bank accounts.</li> <li>Property tax assessments for value of property owned and proof of outstanding mortgage(s) for equity calculation.</li> </ul>
	Other statement showing total value of asset(s).
	If you have shares in a business, please include proof of corporate shares.
8.	Proof of self-employment (If applicable.)
	If last year's annual income included income from self-employment, attach:
	☐ Statement of Income and Expenses from last year's Income Tax return and all related worksheets (form T2125).

For assistance call 604-433-2218 or toll free at 1-800-257-7756 from outside the Lower Mainland.



# Direct Deposit Rental Assistance Program

Assistance is paid by direct deposit to your account on the last business day of each month. The account must be in the name of the applicant and/or spouse (if applicable). The information requested below will provide BC Housing with the required financial institution, transit and account numbers needed for processing automatic payments to your account.

Please provide one of the following:		
<ul> <li>A printed, personalized blank cheque marked VOID; or</li> </ul>		
☐ A Preauthorized Debit Form provided by your financial institution; or		
☐ Have your financial institution complete the information below:		
Name of Applicant		
Have the following completed by your financial institution <b>if you are not attaching</b> a void cheque or a Preauthorized Debit form.		
Transit Number	Bank Number	Account Number
Name(s) on the account		Phone number of financial institution
Financial Institution Stamp:		



#### Please return to:

Rental Assistance Program BC Housing #101 – 4555 Kingsway Burnaby, BC V5H 4V8