



Rent Assistance Benefit (RAB) Temporary Rent Assistance Benefit (TRAB) & Community Housing Application Form

IMPORTANT: PLEASE READ BEFORE COMPLETING APPLICATION

Wood Buffalo Housing (WBH) is a public not-for-profit organization that provides affordable housing to senior citizens, families and individuals. WBH requires that all information provided is accurate and will be held in confidence. The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy (FOIP) Act Section 33(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. Information acquired on this form will be kept secure and access is restricted. If you have any questions about the collection, contact the **FOIP Coordinator at WBH Office, 9011-9915 Franklin Ave, Fort McMurray, AB T9H 2K4**. The phone number is **(780) 799-4050**.

The **Rent Assistance Benefit (RAB)** is a long-term benefit that subsidizes Albertans with lower incomes and is intended to serve households in core housing need with lower incomes and ongoing need. Priority is based on households in highest need.

The **Temporary Rent Assistance Benefit (TRAB)** provides a modest subsidy to help eligible recipients afford their rent while they stabilize or improve their situation. Priority is based on first-come, first-serve.

Applicants for the TRAB and RAB do not have to be tenants with WBH. The subsidy can be used on any rental in the region.

The **Community Housing program** provides housing for tenants to pay an affordable rent amount of either 30% of their adjusted gross monthly household income or the core shelter rates if they are receiving Income Support. WBH has units located in Anzac, Beacon Hill, Downtown, Dickensfield of Fort Chipewyan.

Application Package:

Please read the following information before completing the application. Please complete and sign the application in *full*. Please answer all questions that apply, and those that do not indicate with N/A. Do not leave any section blank. All appropriate documentation must be submitted along with the application. Please return the application to the **Administration Office** located at **9011-9915 Franklin Avenue, Fort McMurray, AB**. Partially completed applications will not be accepted.

Other Information:

Attached is a Frequently Asked Question (FAQ) sheet that you can read and retain for your own information regarding the application process and the ongoing application status. If there are any questions or concerns while filling out the application, please contact WBH at **(780) 799-4050**.

Once the application is received by our office, if you wish to speak to a WBH representative in person or over the phone, please be prepared to verify your identity. If you would like for someone to communicate with WBH on your behalf, please list that person(s) on the attached *Consent to Release* form along with your signature.

Program Applying for (check at least one):

- Rental Assistance Benefit
- Temporary Rental Assistance Benefit
- Community Housing

APPLICATION FORM

Applicant Information: Is the applicant over the age of 18 years at the time of applying? Yes No

Applicant		
Last Name:	First Name:	Middle:
Mailing Address:		
Street Name and #:		
Apt. #:		
City:		
Province:		
Postal Code:		
Mailing address is the same as current address:		
<input type="checkbox"/> Yes		
<input type="checkbox"/> If no, please provide current address: _____		
Is this a Subsidized Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this Unit in Arrears? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birthdate (mm/dd/yy):	Gender:	Preferred Language:
Social Insurance Number:	Date of Birth (dd/mm/yyyy):	
Marital Status	Status in Canada	
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant	
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> First Nations/Indigenous	
<input type="checkbox"/> Other	<input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Deportation Order	
	<input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Applied for Permanent Status	
	<input type="checkbox"/> Other	
Contact Information		
Home #:	Cell #:	Work #:
Preferred mode of communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone		
Email Address:	I agree to receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any special notes about contacting you:		
Persons to contact in your absence		
Contact 1:		
	Name	
	Phone	
	Relationship to Applicant	
	Can we discuss your application with this person	
Contact 2:		
	Name	
	Phone	
	Relationship to Applicant	
	Can we discuss your application with this person	
Other Information		
	Current Living Situation	
		<input type="checkbox"/> Co-own
		<input type="checkbox"/> Rent
		<input type="checkbox"/> Own
		<input type="checkbox"/> Staying with Friend or Relative
		<input type="checkbox"/> Temporary
		<input type="checkbox"/> Homeless
	Monthly Rent	
	Utilities	
	Occupancy from (mm/yyyy)	
	Have you previously lived in subsidized housing?	
	Do you require translation services?	

Co-Applicant (if applicable)		
Last Name:	First Name:	Middle:
Mailing Address:		
Street Name and #:		
Apt.#:		
City:		
Province:		
Postal Code:		
Mailing address is the same as current address:		
<input type="checkbox"/> Yes <input type="checkbox"/> If no, please provide current address: _____ _____		
Is this a Subsidized Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this Unit in Arrears? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birthdate (mm/dd/yy):	Gender:	Preferred Language:
Social Insurance Number:	Date of Birth (dd/mm/yyyy):	
Marital Status	Status in Canada	
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> First Nations/Indigenous <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Deportation Order <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Applied for Permanent Status <input type="checkbox"/> Other	
Contact Information		
Home #:	Cell #:	Work #:
Preferred mode of communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone		
Email Address:	I agree to receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any special notes about contacting you:		
Persons to contact in your absence		
Contact 1:		
	Name	
	Phone	
	Relationship to Applicant	
	Can we discuss your application with this person	
Contact 2:		
	Name	
	Phone	
	Relationship to Applicant	
	Can we discuss your application with this person	
Other Information		
	Current Living Situation	<input type="checkbox"/> Co-own <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Staying with Friend or Relative <input type="checkbox"/> Temporary <input type="checkbox"/> Homeless
	Monthly Rent	
	Utilities	
	Occupancy from (mm/yyyy)	
	Have you previously lived in subsidized housing?	
	Do you require translation services?	

Add Dependents/Live-in Aides:

First Name	Last Name	Status in Canada	Gender	Date of Birth (mm/dd/yy)	Social Insurance #	Relationship to Applicant

Do you expect the number of people in your family to change in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you expecting a baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is due date?
Do you require a live-in aide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently receiving services from another community agency/agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which agency/agencies? <i>* Please attach a letter of support and fill out the attached Consent to Release form with the agency listed.</i>

Housing History

List previous rental/home ownership information for the past three years starting with your current residence. Please provide current lease agreement to confirm current rental information.

Current Address: _____

Own Rent Other _____

Rooms in accommodation: Kitchen Living Room Dining Room ___ #bedrooms ___ # bathrooms Type of

accommodation: House Basement Suite Trailer Duplex Hotel/Motel

Apartment Shelter Other _____

I lived there from: _____ To: _____ Reason for leaving: _____

Landlord Name: _____ Landlord Phone Number: _____

Previous Address: Own Rent Other _____

I lived there from: _____ To: _____ Reason for leaving: _____

Landlord Name: _____ Landlord Phone Number: _____

Previous Address: Own Rent Other _____

I lived there from: _____ To: _____ Reason for leaving: _____

Landlord Name: _____ Landlord Phone Number: _____

Annual Household Income

Employment Information (to be completed by applicant)	
Name of Employer	
Address of Employer	
Start Date	
End Date (if applicable)	
Previous Employment	
List and provide information for last five years of employment	
Name of Employer	Start Date – End Date
Employment Information (to be completed by co-applicant if applicable)	
Name of Employer	
Address of Employer	
Start Date	
End Date (if applicable)	
Previous Employment	
List and provide information for last five years of employment	
Name of Employer	Start Date – End Date

Declaration from Employer

Dear Sir/Madam:

Wood Buffalo Housing is required to verify income for housing applicants and present benefit recipients for the purpose of establishing eligibility and determining level of rental assistance.

The applicant/tenant has indicated that he/she is presently or has been employed by you. Your assistance is requested by completing the information section of this form and returning it to our office. The applicant/tenant has authorized the release of this information as indicated below.

I, (please print) _____, the undersigned, hereby authorize your organization to release any information requested by Wood Buffalo Housing.

Signature (employee)

(Date)

Employment Information (to be completed by employer)

Position Held	
Dates of Employment	(from) _____ (to) _____
Termination Date (if applicable)	
Gross Monthly Salary	
Hourly Rate of Pay	
Hours Per Week (average)	(straight time) _____ (overtime) _____
Average Tips Per Week	
Bonuses or Incentive Pay (last 12 months)	
Commissions Received (last 12 months)	
Fort McMurray Allowance	
Authorized Representative (Name and Number)	

Income Information for All Household Members and Applicant/Co-Applicant

List and provide copies of income received for all household members over the age of 18 years.

Name	Employer/Source of Income

Income Type	Required Documentation
<input type="checkbox"/> Employment	Everyone listed in the household over the age of 18 years must provide three (3) of their most recent month's paystubs showing the GROSS monthly earnings. Also provide a letter of employment on company letterhead or the employer can complete the attached <i>Employer Verification Form</i> .
<input type="checkbox"/> Employment Insurance	Copy of "My Current Claim" showing GROSS weekly benefit and number of weeks claimed.
<input type="checkbox"/> Assured Income for the Severely Handicapped	Copy of current Notice of Eligibility stating effective date, family member(s) and amount received.
<input type="checkbox"/> Social Assistance/Income Support	Copy of current Notice of Eligibility stating effective date, family member(s) and amount received.
<input type="checkbox"/> Worker's Compensation	Letter or stub verifying GROSS monthly benefits.

<input type="checkbox"/> CPP or other pensions <input type="checkbox"/> Old Age Security	Letter verifying GROSS amount of monthly benefitor verification from Service Canada. If over the age of 65, please provide Notice of Assessment for previous tax year indicating Line 150.
<input type="checkbox"/> Child Maintenance <input type="checkbox"/> Alimony/Spousal Support	Include copy of court order or notarized agreement between yourself and spouse.
<input type="checkbox"/> Student Finance Assistance	Provide documentation verifying financial assistance.
<input type="checkbox"/> Home Based Business <input type="checkbox"/> Taxi Operator Verification	Copy of three (3) most recent month's revenue/sales and expenses. Documents should be supported by appropriate receipts/invoices.

**Additional information may be required.*

Total Household Assets

In order to determine the net worth of the household, all information regarding assets must be provided. This includes leased/owned vehicles, recreational vehicles, bank accounts, and owned properties. Verification must be provided as follows.

Asset	Required Documentation
<input type="checkbox"/> Motor/Recreational Vehicle	Vehicle registration plus proof of market value for ALL household vehicles.
<input type="checkbox"/> Mortgage	Amount owing on total mortgage and current value assessment on property.
<input type="checkbox"/> Bank Accounts	Provide a 90-day transaction history for ALL household bank accounts held by ALL adult members of the household.

**Additional information may be required.*

Asset Information

Assets: List all assets within the list below. Documents are required for all items listed as well as bank statements for all accounts held by household members.

Asset	Value (\$)
Cash on Hand	
Cash in Bank Accounts	
Stocks/Bonds/Mutual Funds	
Property (Full/Part ownership in real estate/land)	

Vehicle

Do you have vehicles? YES NO How many vehicles do you have?

Vehicle #	Year:	Make:	Model:	Lease end date:
Vehicle #1				
Vehicle #2				
Vehicle #3				

Recreational Vehicle		
Do you own a recreational vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Year:	Make:	Model:

Other Motorized Vehicles (ATV, Motorcycle, etc.)			
Type:	Year:	Make:	Model:
Type:	Year:	Make:	Model:

Housing Preferences

CNIT	
Community Housing	
Next to Market	
Rent Assistance Benefit – Private Landlord	
Rent Assistance Benefit – WBH Tenants	
Seniors Lodges	
Seniors Self-Contained	
Temporary Rent Assistance Benefit – Private Landlord	
Temporary Rent Assistance Benefit – WBH Tenants	

Number of Bedrooms Required

	Shared/Bedsit (A single unit within a building where the tenant is renting a room but shares other facilities such as a bathroom and/or kitchen with other tenants living in the same building).
	Bachelor (A bachelor is a type of unit that has a kitchen, bathroom, and a living/sleeping area. There is no separate bedroom)
	1-bedroom
	2-bedroom
	3-bedroom
	4-bedroom
	5-bedroom
	6+

How many bedrooms in current accommodations? _____

Are any of the following special considerations applicable?	
Is an additional child expected (baby, adoption, etc.)?	
Do all household members reside in current accommodations?	
I/We currently live in a hostel, hotel, homeless, etc. (We do not have a permanent address at this time)	
Are you currently in a home that's under foreclosure?	
Are you currently in a home that poses a risk to you health/safety?	
Are you due to be released from a program/facility?	
Are you in the process of selling your home?	
Are you part of and/or graduating from the Housing First Program?	
Are you currently attending a post-secondary institution?	
Are you fleeing a violence/abuse situation?	
Other (please explain)	

RGI Information

RGI Members

First Name	Last Name	Relation to Applicant	Date of Birth	Age	Gender	Marital Status

RGI Assets

Pets

Do you own a pet(s)? YES NO

If yes, list the type(s) and number of each:

Name of Pet: _____ Is this a service animal? _____

Consent to Communicate Via Email

On July 1, 2014, Canada's anti-spam legislation came into effect. This legislation requires WBH to obtain express consent from everyone we communicate with. Therefore, in order to receive any form of email from anyone at WBH we need your consent:

I, _____ hereby consent to WBH communicating with me via email.

My email address is: _____. I am also aware that I can withdraw my consent at any time.

Applicant Signature

Housing Information:

The Social Housing Program is governed by law through the Residential Tenancy Act and the Alberta Social Housing Act. We require references from previous landlords in relation to your ability to pay rent when due and to look after the premises. **Additional references may also be required.*

Landlord Reference Authorization

By my/our signature(s) below, I/we, _____, hereby authorize WBH to contact my previous landlords (listed on the Housing Information section) to acquire a reference on my/our tenancy.

I/We know that this reference will provide details of my/our rental payment history, length of tenancy, condition of the premises and compliance issues of the Tenancy Agreement to the Corporation.

Dated this ___ day of _____, 20____.

Witness

Signature

Witness

Signature

Declaration

I/We _____ and _____ do solemnly declare as follows:

1. That I/We are the applicant(s) on this application for subsidized housing with WBH.
2. That the statements made by me/us in this application for subsidized housing with WBH are to the best of my knowledge, information and belief, full and true in all respects.
3. And I/We make this solemn Declaration conscientiously believing it to be true and knowing that it is 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 Fort McMurray, in the Province of Alberta, this ___ day of _____, 20____.

Signature of Applicant

Signature of Applicant

Frequently Asked Questions

What are your office hours?

Wood Buffalo Housing is located at 9011-9915 Franklin Avenue, Fort McMurray, AB. Our office hours are Monday to Friday from 8:30 a.m. until 4:00 p.m. We are available via phone from 8:30 a.m. to 4:30 p.m. at 780-799-4050.

I have applied for Wood Buffalo Housing Rent Assistance Benefit (RAB), Temporary Rent Assistance Benefit (TRAB) or Community Housing. What happens next?

The application will be processed and placed accordingly on the waitlist based on the information received. You will receive a letter in the mail or via email advising you of your application status.

How long do I have to wait?

We are unable to determine wait times for Rent Assistance Benefit (RAB), Temporary Rent Assistance Benefit (TRAB) or Community Housing. The waitlist fluctuates on a regular basis and funding/housing will be offered based on the highest priority once funding is available.

How is priority determined?

Priority of need is determined by the Social Housing Accommodation Regulation (SHAR). Current circumstances that may affect a living situation are used to determine priority, further determining waitlist placement and possibility of the allocation of housing. Further information can be found on the Service Alberta website.

How do I report changes to my situation?

Please contact our office at 780-799-4050 to ensure that your file is current.

How often should I be checking on the status of my application?

In order for your file to remain active on our waitlist, you must follow up with WBH a minimum of once a year from last point of contact or the application can be at risk of cancellation. If your application is next in line based on priority/need, we will be in contact with you via the information provided on the application.

Consent to Release Information

I, _____, hereby give my consent for WBH to release the personal information contained in this application to/from the agency/individuals who are identified below:

Agency Contact Name

Agency Contact Telephone #

Agency Contact Name

Agency Contact Telephone #

Agency Contact Name

Agency Contact Telephone #

The information to be released will be in the best interest of the applicant. This consent is valid for one (1) year from the date signed and may be cancelled at any time by written request from the applicant.

Applicant Name (Print)

Witness Name (Print)

Applicant Signature

Witness Signature

Date

Date

Please check off any of the following population groups that apply to the applicant or members of the household:	
Indigenous peoples	<input type="checkbox"/>
Person(s) with disabilities	<input type="checkbox"/>
<i>Individual fleeing violence or leaving second stage shelter*</i>	<input type="checkbox"/>
<i>At risk of or transitioning out of homelessness*</i>	<input type="checkbox"/>
<i>Person(s) dealing with mental health diagnosis or recovering from addiction*</i>	<input type="checkbox"/>
Youth exiting government care	<input type="checkbox"/>
Veteran	<input type="checkbox"/>
Recent immigrant or refugee (in Canada for less than 5 years)	<input type="checkbox"/>
Racialized group	<input type="checkbox"/>
Identify with diverse concepts of gender identity and expression or sexual orientation	<input type="checkbox"/>
<i>*Please contact Wood Buffalo Housing if you check this category. Supporting documentation may be required.</i>	
Any additional information that has changed since you applied, for example, currently staying at friends, current housing is unsafe? Please explain.	

The personal information collected through WBH is for the purpose of application for subsidized housing or rental benefits. This collection is authorized *by section 33(c)* of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact **780-799-4050**, or mail to **9011-9915 Franklin Avenue, Fort McMurray, AB, T9H2K4**.

Applicant Name: _____
Address: _____
Phone Number: _____

Questions for verification:	List each separately	Total for household
Income shown on Line 15000 of your 2022 Canada Revenue Agency (CRA) Notice of Assessment (NoA), for each household member 22 years of age or older. Include copies of your NOA when returning the form. (Do not include live in aides or dependants up to 24 years old who attends a recognized school or education institution full time.)	Adult 1 - \$	\$
	Adult 2 - \$	
	Adult 3 - \$	
	Adult 4 - \$	
Current rent	\$	
Do you pay for utilities in addition to rent? (Circle One)	Yes No	
Total number of household members - Adults - Dependants (children up to 24 years of age)	List Names and Date of Birth	
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
7.		