

PINCHER CREEK FOUNDATION

978 Hyde Street, PO Box 1058 Pincher Creek, Alberta T0K 1W0

Phone (403) 627-3833 Fax (403) 627-3302

APPLICATION – Rent Assistance Benefit

Complete ALL questions supplying ALL of the required information. If a question does not apply to your situation, mark it N/A. Space is provided for any other information you would like us to be aware of.

You must provide the following information along with this form:

- Verification of **current** income for **ALL household members** living at the rental location. Examples: current paystub or signed letter from your employer stating the rate of pay, number of hours worked per week, total earnings and commencement date of employment.
- Copy of most recent income tax return filed or Notice of Assessment
- Letters confirming receipt of AISH, EIC, CPP, WCB or other income
- Social Assistance – Notice of Eligibility confirming benefits received
- To bring with you - Form of photo ID (Driver's License, Passport)
- If you are a student, a letter from the registrar of your school verifying your registration as a full-time or part-time student. This is required for household head, spouse and all dependents over the age of eighteen (18) years.
- **Completed RENT REPORT from your Landlord (attached) or**
- **Copy of your current Lease or Rental Agreement**

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED AND INFORMATION PROVIDED.

Please call ahead for an appointment to return your application to (403) 627-3833 ext 1

Your application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office, free of charge, by appointment.

CONFIDENTIAL

Information on this form is being collected under the authority of the PINCHER CREEK FOUNDATION, to be used to determine eligibility for Rent Assistance Benefit or for Subsidized housing accommodations in accordance with the Alberta Housing Act and the Social Housing Regulations.

This information is protected by the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions in regards to the collection of information, please contact the Chief Administrative Officer.

PINCHER CREEK FOUNDATION

APPLICATION FOR RENT ASSISTANCE BENEFIT (CONFIDENTIAL)

Full Legal Name: _____ Soc. Ins. No. _____

Date of Birth _____

Mailing Address: _____

Street address, Apt. no: _____

Home Phone: _____ Cell: _____ email _____

Co-Applicant Full Legal Name: _____

Present marital status, please circle one:

Married / Single / Widowed / Divorced / Separated / Adult Interdependent Relationship

Total Number of people in household: _____

List all persons (including yourself), who are currently residing in household:

Head of Household:

Last Name		First Name		SIN #
LAST NAME	FIRST NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE (D/M/Y)	OCCUPATION OR/ SCHOOL GRADE

Is a baby expected? No ____ Yes ____ If yes, due date _____

Are all members listed above Canadian Citizens? No ____ Yes ____
If no, provide copies of immigration papers

Updated March 31, 2021

PRESENT ACCOMMODATIONS:

Present rent \$_____ per month, Utilities paid **in addition** to rent:

Heat \$_____, electricity \$_____ water & sewer \$_____,

Lot Rental \$_____ included in rent? Yes _____ No _____

Landlord: _____

Address: _____

Telephone No. _____ or email _____

Is your present accommodation: House ☐ Townhouse ☐ Apartment ☐
Room & Board ☐ Mobile Home ☐

Number of Bedrooms _____

Do you share any part of the accommodations with person (s) other than those listed?

No ☐ Yes ☐

If yes, how many other persons; number of adults _____ children _____.

What part of the accommodation is shared? _____

STATEMENT OF INCOME

YOU MUST DECLARE INCOME FOR ALL HOUSEHOLD MEMBERS

Applicant Income :

Current Employment: (provide recent pay stub)

Employer Name _____ Hourly rate of pay _____

Hours per week _____ Length of employment _____

Other income (AISH, SFI, WCB, Disability) _____

Co-Applicant :

Current Employment: (provide recent pay stub)

Employer Name _____ Hourly rate of pay _____

Hours per week _____ Length of employment _____

Other income (AISH, SFI, WCB, Disability) _____

Other Household Member Income :

Current Employment: (provide recent pay stub)

Employer Name _____ Hourly rate of pay _____

Hours per week _____ Length of employment _____

Other income (AISH, SFI, WCB, Disability) _____

Are you receiving funding from another source to assist with your rent payments ?

Yes _____ No _____ If yes, please specify _____

Do you currently work with a support person or Social worker? _____ yes _____ no

PLEASE FILL IN ALL SOURCES OF INCOME THAT APPLY

Source Of Income	Name Of Family Member In Receipt	Dates From/To	Gross Monthly Income
STUDENT loans / grants			
EIC OR WCB			
CPP DISABILITY OR OTHER			
SOCIAL ASSISTANCE OR AISH			
CHILD SUPPORT / ALIMONY			
OTHER INCOME			
PENSIONS:			
1) Dept. Veterans Affairs			
2) Old Age Pension			
3) Canada Pension			
4) Guaranteed Income Supplement			
5) Alberta Income Supplement			
6) Company/Group Pension			
INCOME - SELF EMPLOYMENT			

Details of self employment must be provided by submission of a financial statement subject to review by the Housing Management Body.

ASSETS – Please provide details of your current assets:

Cash on Hand / Bank	\$
Investments	\$
House (owned)	\$
Business	\$
Mortgage(s)	\$
Other Assets – vehicle, equipment	\$

Note: Essential personal and household affects such as clothing, furniture, are not defined as assets.

OTHER INFORMATION:

Explain why you are in need of rental assistance.

Current condition of your living arrangements. (condition of your house, etc., is it in poor condition or need of repairs ?)

Do any of your household members have a handicap condition?

Are you over crowded ?

REFERENCES:

List Three (3) References **(Cannot be Family)**

1. _____
(Name) _____ (Phone No.)
2. _____
(Name) _____ (Phone No.)
3. _____
(Name) _____ (Phone No.)

CONSENT AND ACKNOWLEDGEMENT

By signing this document I / we allow the PINCHER CREEK FOUNDATION to share the information provided by me/us for the Rent Assistance Benefit with related departments and programs to ensure that funding services are co-ordinated and not duplicated.

I / we hereby authorize the PINCHER CREEK FOUNDATION, or its agents, to make inquiries or investigate any or all of the facts and statements made herein. Discovery of any false information will result in the cancellation of any further consideration of this application.

Should this application be approved, I /we further agree that I /we are obligated to advise the PINCHER CREEK FOUNDATION, or its agents, in writing, of any changes in family composition, gross family income, assets, employment changes, address changes, or moving to a new location.

I / we declare the information contained in this application to be true and correct.

Applicant's signature

Co – Applicant signature

Date

Statutory Declaration

CANADA
PROVINCE OF ALBERTA
TO WIT:



In The Matter of
This Application for Rent Assistance
Benefit

I, _____
of _____ in the Province of
Alberta _____, do solemnly declare as follows:

1. That I/ we are/am the applicant(s) named in this application.
2. That the statements made and information provided by me/us in the said application is true and correct to the best of my/our knowledge, information and belief, full and true in all aspects.
3. That I/we am/are aware that it is a criminal offense to make a false statement in declaring the income or any other information referred to in the application.

And 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 _____

of _____

in the province of Alberta, this _____

day of _____ .A.D. 20 ____.

Signatures of applicant (s)

A Commissioner for Oaths in and for the Province of Alberta

Whose Commission expires on _____

Printed Name of Commissioner for Oaths