Rental Assistance Program

Application Form

Submit completed application with supporting documents:

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

Scan and save, then submit using the Program Upload Form at: www.bchousing.org/puf

By fax to (604) 439-4729

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, 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. Your gross annual household income does not exceed the maximum allowable program income limit.
- 3. Have less than \$100,000 in assets.
- 4. You file an annual Canadian income tax return.
- 5. 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.
- 6. 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.
- 7. You or your spouse has lived in British Columbia for the full twelve (12) months immediately preceding your application.
- 8. 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 visit www.bchousing.org/RAP or call the Rental Assistance Program office at the number(s) below.



Renta **Assistance** Program

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

1. .	App	licant	Infor	mation

Social Insurance Number*	Last Name		First Name(s)		
Birth Date (dd/mm/yyyy)	Age	Gender		Born in Canada? (Yes/No)	
2 Shouse or Partner Information (if applicable)					

or Partner information (if applicable)

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

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

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

^{*}Required only if Option 1: Consent Granted is selected in question 3, below.

4.	Residency	Inform	nation							
4a.	4a. Have you lived in B.C. for the past twelve (12) months? ☐ Yes ☐ No									
	If no, when did you move to B.C.?									
	How long have	you liv	ed in Canada?_							
4b.	Please list you	r addre	ss(es) for the las	st 12	? months:					
	Address(es)		From Date (dd/mm/yyyy))	To Date (dd/mm/yyyy)		Landlord Nam	е	Landlo	ord Phone #
Cur	rent address									
4c.	If you or your s	spouse		Car	nada, please com	ple		rod lo	migranta O	als t
Nan	ne		Date moved to Canada (dd/mm/yyyy)		urrent status in anada		Name of Sponsor		Immigrants Only End Date of Sponsorship Agreement	
			(da/iiii//yyyy)						Sporisorsi	iip Agreement
	tionship.	er throu	igh marriage or o	com			on with whom the A	Applica	nt is living ir	n a marriage-like
	Single – Ne	ever Ma	rried			/idc	owed			
	☐ Divorced o	r Separ	ated		Date Separated or	· Di	vorced:			
		Commo	n Law							
	Does your spou	ıse live	with you at your	B.C	. residential addre	ess	?			
	Yes No No	lf	No, provide thei	r ad	dress:					
6.	Household	Inforn	nation							
6a.	List all other po	ersons	living with you	. (If I	required, attach add	ditio	nal names on a sepa	rate she	eet)	
	elationship o Applicant	Lá	ast Name		Given Names		Birth Date* (dd/mm/yyyy)	Age*	Gender* (M/F/O)	Rent Contribution**

^{*}Required for Dependents only

^{**}Rent Contribution required only for non-dependents (i.e.: adult children, roommates, other)

bb. (Optional) Do you	a or anyone in your not	usenoid identily as bein	g an indigeno	us person o	or Canada?	
Yes No If yes, please select the option(s) that best describes your Indigenous identity:						
	☐ First Nations	☐ Métis	☐ Inuit		Other	
Answers to Questions	6c. to 6f. are required	only for spouse and/or	dependent(s)			
6c. For each house	hold member <u>not bor</u>	n in Canada please co	mplete the fo	ollowing:		
	Date moved		S	Sponsored I	mmigrants Only	
Name	to Canada	Status in Canada	Name of Sp	onsor	Date Sponsorship	
	(dd/mm/yyyy)				Agreement Ends	
If required, attach addition	onal names on a separate	e sheet.		l		
6d Do all the people	e listed live with you	full time right now?		Yes □ N	lo	
	•	erson(s) and number of	days per wee	_		
Name		Shared custody?			why does the person not live	
Name	Days per week	(Yes/No)	with you fu	II-time?		
If required, attach addition	onal names on a separate	e sheet.				
6e. Is any member of	of your household ag	ed 19 or older and a fo	ull-time stude	ent?	☐ Yes ☐ No	
If yes, list names						
	d checklist for details of p	•				
-	of your household a d	disabled dependent fo	r income tax	purposes'	?	
If yes, list names	d checklist for details of p	roof required				
7 Note: God anadrio	a circonnection detaile of p	roor roquirou.				
7. Contact Infor	mation		1			
Home Phone) -		Work Phone			
Cell Phone	,		Email			
() -	***				
Optional: Name of pers	on we can leave messag	es with	Message person phone number			
Optional: Authorized Co	ontact* name and relation	ship to you	Authorized C	ontact phone	e number	
*Ry providing an authori	zed contact you are divis	na nermission for RC Hous	ing to evokano) -	n with that authorized contact in	
		nce file. To remove an au				
8. Residential A	ddraee					
Apt #	Street #	Street Nam	16			
•				Doctol O:	Jo	
City			B.C.	Postal Cod	ae .	

8a.	Mailing Addres	s *Mail is sent to the residential ad	dress, except	for rural ar	eas with no ma	il delivery.		
Apt	#	Street #	Street Name					
City	,		1	B.C.	Postal Code			
8b.	Landlord Inforn	nation		l	1			
Lan	dlord Name		Landlord Pho	ne				
Lan	dlord Address							
9.	Rent Informa	tion						
9a.	Do you:	Rent Own	Rent-to-own					
	How much is your rent? \$ (Do not include hydro, cable or parking in rent amount)							
	Is this:] Monthly	Nightly/Daily					
	Does your rent in	nclude heat?	No					
	Is your rent subs	idized? Yes	No					
	Do you share a l	kitchen or bathroom with another te	nant or your la	andlord?	☐ Yes ☐ N	No		
9b.	·	following that apply:	·					
	☐ I live in a self-contained unit (apartment, house, townhouse) ☐ I live in a self-contained basement suite ☐ I live in a Manufactured/Trailer/Mobile home ☐ Other (describe) ☐ I live in a Hotel/Motel ☐ Other (describe)							
	If you live in a m	anufactured/trailer/mobile home, do		n 🗆 Ren	t Trailer Rent	\$		
	Do you pay pad		oyou: □ow		Pad Rent	\$		
10	General Inco	me Information						
	10a. Have you (or your spouse) received Income or Disability Assistance from the province of BC in the last 24 months? Yes No If yes, when was the last payment received? Note: If you answered Yes, proof is required that your income assistance file has been closed. In addition, proof of all current income sources is required. See attached checklist for details.							
10b	Did you receive	any support payments last year (f	amily, spousa	l or child su	upport)?	☐ Yes ☐ No		
	Do you currentl	y receive any support payments?				☐ Yes ☐ No		
	Did you earn any	/ tax-exempted income last year?				 ☐ Yes ☐ No		
	(Tax-exempted i	ncomes include on-reserve employ	ment and emp	oloyment ir	surance, privat	te disability)		
If yo	ou answered Yes	to any of the questions in 10b pleas	se provide the					
	1	ncome or Payment Type			's Gross Total mount	Current Gross Monthly Amount		
Sup	oport payments (fa	mily, spousal)						
Chi	ld Support (do not in	nclude child tax benefits or Universal Child (Care Subsidy)					
Em	ployment							
Em	ployment Insuranc	ce						
Oth	er (describe):							

		_	•	ise under \$60,0007
☐ Yes ☐ No				
If you answered No to the above plea Section 12 (Asset Information).	se complete section	11 (Current Income) others	vise proceed to	, and continue from
11. Current Income Informati	on			
You must declare all sources of curr required.	rent incomes and g	ross monthly amounts for e	ach source. Att	ach extra sheet if
Income Source (Employment, Emplo	yment Insurance, P	ensions, Support Income, C	other) Applic	ant Spouse
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
12a. Canadian and Foreign Finance Type of Assets (including all bank	Do you hold any of this	ver yes or no in the declar Bank, financial institution or company		line listed below.
accounts, even with negative balances)	asset?	name	Applicant	Spouse
Chequing and Savings account(s)	☐ Yes ☐ No			
Stocks, GIC's, Term Deposits	☐ Yes ☐ No			
RRSP/RESP/RSP/RDSP	☐ Yes ☐ No			
	☐ Yes ☐ No ☐ Yes ☐ No			
Trust Funds				
Trust Funds Bonds/Other Shares/Foreign Funds	☐ Yes ☐ No			
Trust Funds Bonds/Other Shares/Foreign Funds Other Assets including Cash	Yes No			
Trust Funds Bonds/Other Shares/Foreign Funds Other Assets including Cash Other	Yes No Yes No			
Trust Funds Bonds/Other Shares/Foreign Funds Other Assets including Cash Other Shares in a company or business*	Yes No Yes No Yes No Yes No Yes No Yes No	al name:		
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 business to be shared	Yes No usiness provide legaticable) own any Cad, commercial projects	anadian or Foreign proper	· <u>·</u>	e, cottage,
	Yes No usiness provide legaticable) own any Cad, commercial projects	anadian or Foreign proper perty, etc.)	No	
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 business in a compa	Yes No usiness provide legaticable) own any Cad, commercial proping information:	anadian or Foreign proper perty, etc.)	No	

Note: Proof of assets must be submitted with application. See attached checklist for details.

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.
- BC Housing will issue tax slips for annual benefits of \$500 or more

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 delay.
- Attach Supporting Documents: (Do not send original documents)
 Review the attached checklist for more information on supporting documents.
- 3. Submit Application:

Scan and Upload: www.bchousing.org/puf

Mail: 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.



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 follow	ring:	
A printed, personalized	l blank cheque marked VOID; c	ır
☐ A Preauthorized Debit	Form provided by your financia	I institution; or
☐ Have your financial ins	titution complete the informatio	n below:
Name of Applicant		
Have the following completed by a Preauthorized Debit form.	your financial institution if you	are not attaching a void cheque or
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



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 may be cancelled and the applicant will be required to submit a new application with supporting documents.
- Please do not submit original documents.

1.	Inc	ome 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 AND 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.	Pro	pof 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 question 10c.
3.	Ba	nk Information for Direct Deposit Blank cheque marked VOID; or
	Н	A Preauthorized Debit Form provided by your financial institution; or
		The Direct Deposit page included with this application completed by your financial institution.
4.	Pro	pof 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:
		 Record of Landing (IMM1000) or Confirmation of Permanent Residence (IMM5292); or
		 Any immigration document showing the date landed and the immigration code; or
		 Canadian Citizenship Card, if you have been a Canadian Citizen for more than eight years.
5.		idents. Children age 19 to 24 in full-time attendance at a school, university or vocational institution must provide proof enrolment.
6.	Pro	pof of Rent
	\vdash	Rent Receipt showing address, rent amount, date and landlord name; or Copy of recent Rent Increase Notice; or
	H	Copy of Lease or Tenancy Agreement (if signed within the past 12 months).
_		
/.		cof of Assets (Include all that apply.) Copies of bank statements from all bank accounts.
	H	Property tax assessments for value of property owned and proof of outstanding mortgage(s) for equity calculation.
	H	Other statement showing total value of asset(s).
		If you have shares in a business, please include proof of corporate shares.
8.	Pro	pof of self-employment (If applicable.)
	If la	ast 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.