

IMPORTANT



Please review the checklist on page 3 and make sure that all documents are included when this application is submitted.

Remember to sign the application declaration, release of consent form and any other forms where noted.

Missing information will delay the processing of your application.

Submit your completed application with supporting documents –

By mail or in-person:

Meridian Housing Foundation
4908 53 Avenue,
PO Box 3191
Stony Plain, AB T7Z 1Y4

Ph: 780-963-2149

By fax: 780-591-0031

By email:

RAB@meridianfoundation.ca

The Temporary Rent Assistance Benefit (TRAB) is a short-term benefit that provides a modest subsidy for working households with low income or those between jobs. Support is intended to help eligible tenants afford their rent while they stabilize or improve their situation. Eligible applicants are prioritized on a first come, first served basis.

Criteria

Applicants must:

- Be a Citizen of Canada, Permanent Resident of Canada, Refugee sponsored by Canada, or have applied for refugee or immigration status and for whom private sponsorship has broken down,
 - Have assets with total value of \$25,000 or less,
 - Have a lease agreement with a landlord in Parkland County, Spruce Grove or Stony Plain
 - Be in core housing need based on CNIT income levels:
- | <u>Studio</u> | <u>1-Bedroom</u> | <u>2-Bedroom</u> | <u>3-Bedroom</u> | <u>4 Bedroom</u> |
|---------------|------------------|------------------|------------------|------------------|
| \$37,000 | \$44,000 | \$54,000 | \$67,000 | \$71,500 |
- Employed or have been employed in the last 24 months
 - Not receiving social assistance, including:
 - Income Support, Learner Income Support, Assured Income For The Severely Handicapped, Alberta Seniors Benefit, Guaranteed Income Supplement; or Old Age Security.

Application Process

Applications are reviewed for completeness. If your application is incomplete, a staff member will provide you with a checklist of what is required in order to process the application.

Complete applications deemed eligible are placed on a waitlist.

Please use the checklist on the following page to ensure your application is complete.



Application Checklist

Required Documents	
<input type="checkbox"/>	1. Fully Completed Application – pages 3, 4, 5, and 6
<input type="checkbox"/>	2. A copy of your most recent Notice of Assessment from CRA showing line 15000 for each household member aged 22 years and older
<input type="checkbox"/>	3. A copy of your household's current lease agreement
<input type="checkbox"/>	4. Signed Declaration – page 6
<input type="checkbox"/>	5. Completed Release of Information Consent Form
<input type="checkbox"/>	6. Government issued identification <ul style="list-style-type: none"> • All household members aged 18 years and older must provide government issued photo ID, either by showing staff when dropping off the application, or by including a copy. Accepted forms of identification include driver's license, passport, residency card, etc. • For dependents, please provide a copy of their provincial health care card, birth certification or government issued photo ID or driver's license. <p style="text-align: center;"><i>Once MHF verifies identities, any copies provided will be securely destroyed.</i></p>
Supporting Documents (As Applicable)	
<input type="checkbox"/>	1. Government issued identification
<input type="checkbox"/>	2. Permanent Resident or Immigration Status documentation
<input type="checkbox"/>	3. Verification of student status – for dependents ages 22 – 24 who are enrolled in an accredited, full-time post-secondary program
<input type="checkbox"/>	4. Income Types: <ul style="list-style-type: none"> <input type="checkbox"/> Employment – Everyone listed in the household 22 years of age and older must provide three (3) months of their most recent paystubs. 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 – Statement of income/benefit showing weekly benefit amounts and number of weeks claimed. <input type="checkbox"/> Record of Employment – From Last Employer
<input type="checkbox"/>	5. Declaration of Assets – all assets must be declared including those considered exempt. <p>Assets are:</p> <ul style="list-style-type: none"> • Equity in owned property • Cash, certain investments, money in a savings account • A second vehicle (ex: not used exclusively for work, camper/trailer, boat, OHV). If you have a second vehicle, please provide a copy of loan/payment information to establish asset value. <p>Assets that are exempt:</p> <ul style="list-style-type: none"> • Essential personal and household items such as clothing and furniture • Primary family vehicle • Tax Free Savings Accounts (TFSA) • Assets in pension funds, registered disability plans, registered education & retirement savings plans • Tools, equipment and supplies necessary for a profession or trade • Lump sum payment or refund from the Government of Alberta or Canada

Primary Applicant	<i>Date of Application</i>
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<i>Applicant 1 Legal Last Name</i>	<i>Legal First Name</i>	<i>Initial</i>
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<i>Preferred Name</i>	<i>Please list any other names you have used:</i>
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Birthdate (MM-DD-YYYY)	Marital Status	Legal Status
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other _____

<i>Email</i>	<i>Primary Phone Number</i>	<i>Alternate Phone Number</i>
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Co-Applicant (if Applicable)

<i>Applicant 2 Legal Last Name</i>	<i>Applicant 2 Legal First Name</i>	<i>Initial</i>
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<i>Preferred Name</i>	<i>Please list any other names you have used:</i>
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Relation to Primary Applicant: Spouse Relative Friend Other: _____

Birthdate (MM-DD-YYYY)	Marital Status	Legal Status
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other _____

<i>Email</i>	<i>Primary Phone Number</i>	<i>Alternate Phone Number</i>
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Accommodation Information – Note: you must be currently renting and able to provide a copy of your lease.
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<i>Street Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
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1) *Current Rent Amount:* \$ _____

2) *Utilities you pay:* Water/Sewer Heat/Gas Power None - All utilities are included in rent.

3) *Type of Housing:* Apartment Townhouse House Other: _____

4) *Number of Bedrooms:* One (1) Two (2) Three (3) Four (4) or more

5) *Is this address considered a basement or secondary suite*?* Yes No

6) *Are you related to your landlord in any way (directly or indirectly)?* Yes No

***Basement and secondary suites must be considered legal by the municipality.**

Household Composition

Please provide information for people who reside in your household in addition to the Primary Applicant and Co-Applicant. Please ensure that names are the same as shown on the government issued identification.

For members of the household who are ages 22 to 24 and are students enrolled in a full-time, accredited post-secondary program, please include proof as listed on the checklist on page 2.

First Name	Last Name	Relationship to Applicant	Gender	Date of Birth (M/D/Y)	Does this person have income?	Is this person a student?

7) Is a baby expected? No Yes If yes, due date: _____

8) Are you expecting any other change to the size of your household this year? No Yes
If yes, please include documentation such as confirmation of adoption, kinship care, or another situation which changes your family size.

9) Do you share any part of the accommodation with person(s) other than those listed here? No Yes
If yes, please explain: _____

Alternate Contact: If we are unable to reach you for updates, we will contact this person.

Alternate Contact Name: _____ Phone: _____ Relationship: _____

Household Income

Temporary Rent Assistance Benefit program requires verification of income. Complete the chart below for all members of the household ages 22 and older.

Required Documentation	Primary Applicant	Co-Applicant or Household Member 1	Household Member 2	Household Member 3
Employment				
Employment Insurance				
Record of Employment				
Line 15000 of most recent NOA (Notice of Assessment from CRA)	\$	\$	\$	\$

Does the above chart accurately reflect your current income? Yes No

If no, please describe what is different: _____

Do you or anyone in your household receive (or have ever received) RAB, TRAB, PLRS or any other kind of rent supplement? Yes No

If yes, please list the name and source of the supplement: _____

Asset Declaration

To meet program eligibility criteria, a household must not have more than \$25,000 in eligible assets as defined by the *Social Housing Accommodation Regulation*.

Assets are defined as all property. This includes but is not limited to cash on hand, cash in chequing and/or savings accounts, certain investments, property owned, motor vehicles and equipment.

One personal vehicle per household is exempt.

Other assets that are exempt include but are not limited to, household furnishings and appliances, clothing for personal use, tools, agricultural equipment and supplies necessary for a profession or trade, assets in pension funds, registered retirement, education or disability savings plans, or amounts in tax free savings accounts.

ALL ASSETS MUST BE DECLARED.

Please list the type and total value of each asset applicable to your household. Reminder: One personal vehicle is exempt from the limit. A second vehicle is exempt if used exclusively for work purposes.

Asset	Primary Applicant	Co-Applicant or Household Member 1	Household Member 2	Household Member 3
Total Combined Asset Value(s)	\$	\$	\$	\$

Consent for Landlord Reference Check

Meridian Housing Foundation conducts Landlord Reference Checks to confirm the information provided by the applicant(s) for the purpose of determining eligibility and administering the TRAB program.

<i>Landlord Name</i>	<i>Phone Number</i>
<i>Lease Start Date</i>	<i>Lease End Date</i>

Declaration

I/We declare that this is my/our application; and all the information in it is correct and complete to the best of my/our knowledge.

I/We authorize:

- Meridian Housing Foundation to make any inquiries that are necessary to verify the information given in this application;
- any person, corporation, or social agency to release to Meridian Housing Foundation any information pertinent to the assessment of my/our application; and
- members of Meridian Housing Foundation to receive and exchange with credit bureaus and my/our previous landlords credit and other tenancy information about me/us, to be used in the decision-making process to provide me/us with temporary rent assistance benefit.

I/We understand:

- that this application is not an agreement on the part of Meridian Housing Foundation or its members to provide me/us with temporary rent assistance benefit;
- that if I/we are being considered for temporary rent assistance benefit, Meridian Housing Foundation may gather additional information in order to assess my/our ability to uphold the obligations of a funding agreement and it is my/our responsibility to provide information requested to assist with this assessment;
- that it is my/our responsibility to tell Meridian Housing Foundation of any changes to the information given in this application and to provide any supporting materials required;
- that false information given by me/us may result in my/our application being cancelled from consideration; and
- that Meridian Housing Foundation at any time prior to the execution and delivery to me of a funding agreement hereby applied for, to withdraw, revoke or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

Printed Name of Applicant

Printed Name of Co-Applicant

Applicant Signature

Co-Applicant Signature

Date

Date



Meridian Housing Foundation

4908 53 Avenue
PO Box 3191
Stony Plain, AB T7Z 1Y4
Phone: (780) 963-2149
Fax: (780) 591-0031

Employer Verification Form

Regarding: _____
Applicant / Tenant

Meridian Housing Foundation is required to verify income for applicants and present participants in order to establish eligibility and determine the monthly rent. The applicant/tenant has indicated that he/she is presently employed by you. Your assistance is requested in completing the information section of this form and returning it to our office. The applicant/tenant has authorized the release of this information below.

I _____, the undersigned hereby authorize you to release any information requested by Meridian Housing Foundation.
Signature of applicant/tenant _____ Date _____

INFORMATION REQUIRED

Employer's Name: _____
Employer's Address/Telephone: _____ Phone: _____
Employee Position Held: _____
Dates of employment: from: _____ to: _____

INCOME: Please Complete One Line in Either Selection A or B, then complete Section C and Section D

A. HOURLY EMPLOYEE (Employee is paid according to the number of hours worked)

- 1. Paid Weekly Hourly Rate: \$ _____ # of Hrs Per **WEEK** _____
- 2. Paid Bi-Weekly Hourly Rate \$ _____ # of Hrs per **2 WEEKS** _____
- 3. Paid Monthly Hourly Rate \$ _____ # of Hrs Per **MONTH** _____
- 4. Paid Twice Monthly Hourly Rate \$ _____ # of Hrs per **MONTH** _____

B. SALARIED EMPLOYEE (Employee is paid the same rate every pay period regardless of hours)

- 5. Paid Weekly Weekly Salary \$ _____
- 6. Paid Bi-Weekly Bi-Weekly Salary \$ _____
- 7. Paid Monthly Monthly Salary \$ _____
- 8. Paid Twice Monthly Monthly Salary \$ _____

C. VACATION PAY: On each cheque Annual Payout Paid Time Off

- D. ADDITIONAL INCOME:**
- Average tips per week: \$ _____
 - Bonus or incentive pay received in last 12 months: \$ _____
 - Commissions received in the last 12 months: \$ _____

Manager/Authorized Employee's Name _____ Signature _____ Date _____

Office Address if different from above _____ Phone Number _____

MHF Use Only Verified By: _____ Date: _____

This personal information is being collected under the authority of the Alberta Housing Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the *Freedom of Information & Protection of Privacy Act*.



MERIDIAN

Housing Foundation

TRAB – Temporary Rent Assistance Benefit

Release of Information Consent Form

Meridian Housing Foundation collects personal information under the Alberta Housing Act and its regulations, for the purpose of administering housing programs. MHF protects personal information under the *Freedom of Information and Protection of Privacy Act* (FOIP).

During the application process and during your participation in the Temporary Rent Assistance Benefit program with MHF, information regarding your health, social needs, income and household composition will be used to determine your initial and continued eligibility for the TRAB program, as well as to determine additional services that may be required to support your participation in the TRAB program.

Your employer and any agency who provides assistance will not release information without your written consent. MHF requests that all members of your household who are aged 18 years or older sign the following consent form.

I, _____ authorize:

- a) MHF to verify all information relating to my application as well as any future information provided by me or my household members during my participation in the TRAB program.
- b) MHF to release and exchange any information and documents with other parties to support my participation in the TRAB program and to determine continued eligibility. MHF may exchange information with current and past employers, AISH workers, caseworkers, support workers, health care providers, FCSS workers, Trustees, food banks, federal, provincial, or municipal government departments (including AISH, Alberta Works, Employment Insurance, WCB), landlords, municipal utility department, emergency contact persons, or other. _____, _____.
- c) The parties noted in the previous paragraph to release the same such information to Meridian Housing Foundation.
- d) I understand that this authorization will remain valid from this date forward unless revoked by me in writing.

_____	_____	_____
Printed Name	Signature	Date

I am the legal guardian of these children:

_____	_____	_____	_____
Full Name of Child	Full Name of Child	Full Name of Child	Full Name of Child

I consent to the release and exchange of their information:

_____	_____	_____
Printed Name of Legal Guardian	Signature of Legal Guardian	Date