



## GREATER NORTH FOUNDATION

### Application for Accommodation COMMUNITY HOUSING/RENT ASSISTANCE BENEFIT (CONFIDENTIAL)

#### FREQUENTLY ASKED QUESTIONS (FAQ's)

#### COMMUNITY HOUSING – (Greater North Foundation Housing Units)

**1. Who is eligible for the Community Housing Accommodations?**

- a. A household who is in Core Housing Need.

**Definition of Core Housing Need:**

- i. Unable to acquire or maintain adequate or suitable accommodations without paying more than 30% of its total annual gross income for accommodations, and
- ii. Has as a total annual income below the income thresholds for the municipality where the community housing accommodation applied for is located and for which the household makes application.

- b. A household who has a total asset value of \$25,000 or less

- c. Must be a Canadian citizen, individual lawfully admitted into Canada for permanent residence, or refugees sponsored by the Government of Canada.

**2. What is the Greater North Foundation's service area?**

The Greater North Foundation provides housing options within the boundaries of the Athabasca County, Lac La Biche County, Town of Athabasca, and the Village of Boyle. The Rent Assistance Benefit is also available to applicants who reside within these boundaries, as well as, the MD of Opportunity No.17.

**3. Do I need to answer all the questions on the application?**

YES, all questions and required documentation must be supplied for the application to be processed. Applications will not be reviewed until all required documentation has been received. Greater North Foundation will make one attempt to contact the applicant if information is missing or if additional information is required to complete the review. Please ensure all contact information is current. If a question does not apply to your situation, please indicate N/A in that section.

**4. What documentation is required with this application?**

Please refer to the attached checklist for the required documentation.

**5. How long will it take for my application to be reviewed/processed and approved.**

Once the application is completed in full and all required documentation is received, the applicable Greater North Foundation (GNF) personnel will review your application, determine your priority rating score, and place you on the waiting list.

Applications are not based on first come first serve, but by priority need as assessed by the organization. There is no guaranteed timeline for placement to a GNF facility.

**6. Are Pets Permitted?**

NO pets are not permitted to reside in any housing managed by the Greater North Foundation. The only exception is "Certified Service Animals" registered as working animals with the Province of Alberta. Registration documentation will be required. *For applicants applying for a Rent Assistance Benefit – please refer to your landlord's rules and regulations regarding pets.*

**7. How much will I be paying for rent if my application is accepted?**

Rental rates are charged on a rent geared to income (RGI) determination. You will be required to pay 30% of your gross income for rent.

**8. What is all included in my rent charge? (Greater North Housing Units)**

The rental charge includes, heat, water, sewer. You will be required to pay additional fees for electricity, parking and air-conditioning (if applicable).

**ALL FACILITIES ARE SMOKE FREE ENVIRONMENTS**



## **RENT ASSISTANCE BENEFIT – (Private Market Units)**

### **1. Who is eligible for the Rent Assistance Benefit (RAB)?**

- a. Must meet all the eligibility criteria for Community Housing Accommodations as listed above.
- b. Must not be in receipt of another social housing benefit
- c. Must reside within the Management Body's regional boundaries for the entire duration of the RAB agreement.
- d. Must be currently living in private market housing or affordable housing to be eligible.
- e. Must be residing in a legal rental suite.

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YES, all questions and required documentation must be supplied for the application to be processed. Applications will not be reviewed until all required documentation has been received. Greater North Foundation will make one attempt to contact the applicant if information is missing or if additional information is required to complete the review. Please ensure all contact information is current. If a question does not apply to your situation, please indicate N/A in that section.

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### **5. Are Pets or Smoking Permitted?**

Please refer to your landlord's rules and regulations.

### **6. How much will I receive as a subsidy?**

Many factors will determine your subsidy: current income, established approved market rent in your community, and bedroom count. The Greater North Foundation Board of Directors sets a maximum subsidy amount.

### **7. What is all included in my rent charge?**

Please refer to your landlord's lease agreement.

### **8. Where do I send my completed application?**

Where to send your application will be dependent on which location and facility you are interested in. Mailing addresses are provided in the attached application documents.



## GREATER NORTH FOUNDATION

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#### REQUIRED DOCUMENTATION CHECKLIST

The following documentation must be provided in order for us to access your eligibility for housing with the Greater North Foundation:

Completed Application Form

Most recent Notice of Assessment (NOA) from all household members 22 years of age or older

Other financial documentation from all members of the household– if applicable

- AISH Statements or verification of benefit amounts
- Confirmation of Supplementary Benefits paid under Income Support
- T5007 slip identifying funds received under the Rent Assistance Benefit program
- Information included on line 15000 of your NOA that is relating to a one-time payment received from the Government of Alberta or the Government of Canada that is less than or equal to 10% of the household's line 15000 on Notice of Assessment
- Information relating to Employment Insurance Family Supplement

Verification of student enrollment in full-time studies at a post-secondary education – if applicable (all household members 22 years of age or older)

If any household member is not a Canadian Citizen, proof of residency/refugee status must be provided

Copy of valid Alberta Personal Health Care card from all members of the household (Documentation will be destroyed after information has been verified by Greater North Foundation personnel).

**RENT ASSISTANCE BENEFIT APPLICANTS -all documents listed above as well as–** A copy of your current rental lease agreement and a copy of your most recent rent receipt is required.

#### **PLEASE NOTE:**

- ALL financial documentation MUST include: name of household member; date; amount and source of income.
- If the required information is not provided, we will be unable to process your application
- Further documentation may be required based on personal circumstances.

#### **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

THE GREATER NORTH FOUNDATION MAY REQUEST PROOF OF THE FOLLOWING INCOME AT A LATER DATE IF DEEMED NECESSARY TO COMPLETE THE ASSESSMENT OF YOUR APPLICATION:

- Old Age Security (OAS) and Canada Pension Plan (CPP)
- Guaranteed Income Supplement (GIS)
- Alberta Seniors Benefit (ASB)
- Private Pension information
- Employment Income and/or Income from Self-Employment
- Information relating to Employment Insurance
- Workers Compensation Benefits
- Other Investment Income earned
- 3 months of bank statements (from all banking institutions you have an account with)



# GREATER NORTH FOUNDATION

## Application for Accommodation COMMUNITY HOUSING/RENT ASSISTANCE BENEFIT (CONFIDENTIAL)

**PLEASE NOTE:** *It is your responsibility to keep your application current and up to date with pertinent information. This application will be valid for six (6) months. An updated application will be required after the six-month period to ensure the most up to date information is considered in the application and acceptance process.*

*If we are unable to make contact with you after six months (6) your application will be removed from the waiting list.*

### **PLEASE PRINT:**

#### **Section 1 – APPLICANT(S) APPLICATION**

1. Applicants Name:

(Last Name)

(First Name)

Date of Birth:

Social Insurance No#:

Are you a: Canadian Citizen Landed Immigrant Other ( please list)

Contact Phone Number:

Email:

2. Co-Applicants Name:

(Last Name)

(First Name)

Date of Birth:

Social Insurance No#:

Are you a: Canadian Citizen Landed Immigrant Other (please list)

Contact Phone Number:

Email:

3. Marital Status: Married Divorced Widowed Separated Single Common Law

If Common Law or Separated, state how long:

4. List all persons, including yourself, who will be living with you should your application be approved.

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	GENDER Male/Female	BIRTH DATE Day/Month/Year	Canadian Citizen Yes (Y) No (N)

5. Is a Baby expected?      YES      NO      If **Yes**, estimated due date:

6. Present **Mailing** Address of Applicants:

(P.O. Box/ Apartment No. / Sreet)

(City/Town/Village)

Province

(Postal Code)

7. Present Physical Address of Applicants (if different from mailing address above):

(Apartment No. / Street or Legal Land Description)

(City/Town/Village)

Prov

(Postal Code)

8. How long have you resided in the Greater North Foundation service area?

5 yrs or less

6-10 years

more than 10 years

9. If you do not currently reside within the Greater North Foundation service area, have you resided within the service area in the past?

YES

No

If yes, please provide information relating to your past residency:

### **Section 2 – TARGET POPULATION (Optional)**

If you or any member of your household identifies with any of the following populations, please check applicable boxes below. Additional information may be required to support your selection.

Person with a disability

Person at risk of homelessness

Veteran

Racialized group

Diverse sexual orientation, or gender identity

Indigenous person

Individual fleeing violence

Dealing with Mental Health & Addiction

Recent immigrant or refugee

### **Section 3 – INCOME INFORMATION**

1. Please provide the amount listed on line 15000 of your most recent Notice of Assessment for each applicant 22 year of age and older.

Applicant	Co-Applicant	Household Member #3	Household Member #4
\$	\$	\$	\$

**NOTE: COPIES OF THE MOST RECENT NOTICE OF ASSESSMENT (NOA) OF EACH HOUSEHOLD MEMBER ARE REQUIRED**

2. **Please identify all sources of income applicable to each applicant.**

- |  | <u>Applicant</u> | <u>Co-Applicant</u> |
|--|------------------|---------------------|
| Old Age Security                         |                  |                     |
| Guaranteed Income Supplement             |                  |                     |
| Alberta Assured Income Supplement (AISH) |                  |                     |
| Canada Pension Plan                      |                  |                     |
| Alberta Seniors Benefit                  |                  |                     |
| Employment Income/Self-Employment        |                  |                     |
| Private Pension                          |                  |                     |
| Employment Insurance                     |                  |                     |
| Workers Compensation Benefits            |                  |                     |
| Income Support                           |                  |                     |
| Investment Income                        |                  |                     |
| Other Income: (Please Specify)           |                  |                     |
| Other Income: (Please Specify)           |                  |                     |

3. **From the Income Sources listed above, please provide the highest source of Income for each applicant:** (Example: AISH, Income Support, Employment, etc)

Applicant	Co-Applicant	Household Member #3	Household Member #4
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4. **In the past 12 months, have you received a rental subsidy from a Housing Management Body or Government Agency?**

YES                  NO

If Yes, please provide organization and subsidy amount or provide a copy of your T5007:

**Section 4 – CURRENT HOUSING INFORMATION**

- |  |               |            |               |     |                   |
|--|---------------|------------|---------------|-----|-------------------|
| 1. Do you own or rent your present accommodations: |               | <b>OWN</b> | <b>RENT</b>   |     |                   |
| 2. Present Rent or House payment is:               | \$            |            |               |     | per month         |
| Utilities:   | \$            |            |               |     | for Heat          |
|  | \$            |            |               |     | for Electricity   |
|  | \$            |            |               |     | for Water & Sewer |
| 3. Is your present Accommodation a;                | House         | Apartment  | Has Elevator- | YES | NO                |
|  | Rooming House | Motel      | Other         |     |                   |

4. Rooms in your present accommodation;                      Kitchen                      Living Room                      Dining Room                      Bathroom(s)  
    Bedrooms (1)                      Bedrooms (2)                      Bedrooms (3+)

5. Number of people sharing your accommodations;                      Adults                      Children

6. Does any member of your household require accommodations adapted for special needs (i.e. wheelchair accessibility, etc?)

7. Do you share with Occupants (not listed above) the use of the Kitchen, Bathroom, or your Bedroom?                      YES                      NO

**IF YES,**                      **Number of Person (s) sharing Kitchen**  
    **Number of Person (s) sharing Bathroom**  
    **Number of Person (s) sharing Bedroom**

8. Are your Shower, and/or Bathtub, Toilet and Sink all located in your Bathroom?                      YES                      NO

**IF NO,** Please give details:

9. Is your Stove, Refrigerator, Cupboards, Counter space and Sink all located in your Kitchen?                      YES                      NO

**IF NO,** Please give details;

10. Reason for wanting to Move;

11. Have you ever rented or resided in a facility managed by the Greater North Foundation?                      YES                      NO

If yes, please explain the reason for your departure:

12. Have you received a Notice to Vacate (Eviction)                      YES                      NO

If you have been given a 'NOTICE TO VACATE', please submit a copy of the notice and state the reason for the Eviction.  
 Reason:

**Section 5 – ASSETS**

1. Please list the total household assets below:

*Note: Essential personal and household effects such as clothing and furniture are not included in assets.*

<b>ASSET</b>	<b>Amount</b>	<b>ASSET</b>	<b>Amount</b>
Cash on Hand	\$	Real estate (Estimate Value)	\$
Bank Account – Chequing	\$	Real Estate (Mortgage owing)	\$
Bank Account – Savings	\$	Recreational Property	\$
Stocks, Bonds, Mutual Funds	\$	Other -RIFF	\$
Tax Savings Account	\$	Other	\$

2. Does anyone in your household own a vehicle, camper/trailer, quad or boat? YES NO  
 If **yes**, please provide the following information:

YEAR	MAKE	MODEL	VALUE

**FOR APPLICANTS USE;** (Other information you wish to provide)

**PLEASE SELECT THE LOCATION/PROGRAM YOU ARE APPLYING FOR (more than one option may be selected):**

Athabasca 4102 – 50 <sup>th</sup> St. Athabasca, AB T9S 0A6 Ph: 780-675-1178 <a href="mailto:athabasca@gnfoundation.ca">athabasca@gnfoundation.ca</a>	Lac La Biche Box 154 Lac La Biche, AB T0A 2C0 Ph: 780-623-3331 <a href="mailto:llbhous@gnfoundation.ca">llbhous@gnfoundation.ca</a>	Boyle Box 420 Boyle, AB T0A 0M0 Ph: 780-689-3882 <a href="mailto:boyle@gnfoundation.ca">boyle@gnfoundation.ca</a>	Rent Assistance Benefit Unit #1, 3603 – 53 St. Athabasca, AB T9S 1A9 Ph: 780-675-9660 <a href="mailto:admin@gnfoundation.ca">admin@gnfoundation.ca</a>
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**Completed Application can be mailed or e-mailed to the selected location above or mailed to the administration office below:**

Greater North Foundation                      Phone: 780-675-9660  
 Unit #1, 3603 – 53 St.                              E-Mail: [admin@gnfoundation.ca](mailto:admin@gnfoundation.ca)  
 Athabasca, AB  
 T9S 1A9



**Section 6 – APPLICANT’S DECLARATION & CONSENT**

**This application cannot be processed if it is not authorized by both applicants (if applicable)**

1. I/we understand that this is an application for accommodations and not an agreement on the part of **GREATER NORTH FOUNDATION**, or its agents, to provide me with rental accommodation.
2. I/we further acknowledge the right of **GREATER NORTH FOUNDATION**, or its Agents, at any time prior to the execution and delivery to me of a Lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.
3. I/we authorize **GREATER NORTH FOUNDATION**, or its agents to investigate any or all of the statements made by me in this application, being fully aware that discovery of any false statement shall cancel any further consideration of my application.
4. I/we further agree that I am obligated to advise **GREATER NORTH FOUNDATION**, or its agents, in writing, of any changes in family composition, gross family income, assets, employment status or a change of address, should they occur.
5. **I/we understand that this information is being collected under the authority of the Protection of Privacy Act section 4(c) for the purpose of administering a subsidized housing program. Any questions or concerns regarding the use and/or handling of my information should be directed to the Information Coordinator at 780-675-9660.**
6. I/we understand that failing to respond to requests by GNF for additional information or documentation may result in the application being declined.
7. Providing false information to GNF may result in the application being cancelled and individuals being no longer eligible for housing.

Signature of Primary Applicant

Signature of Co-Applicant

Signature of Witness

Date

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**Section 7 – EMAIL CONSENT (Optional)**

I/we agree to correspond with GNF through e-mail and hereby:

Authorize GNF to communicate with me/us by email for any correspondence, requests for information, or any other documents as necessary.

- Understand that this authorization remains in effect unless cancelled in writing.
- Understand that email is not a secure form of communication and interception by a third party is possible, and confidentiality of any email message cannot be ensured.

Signature of Applicant

Signature of Co-Applicant

Date



**FOR OFFICE USE ONLY:**

**Applicants Name:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Government ID Verified (Including Age and residency) on all Household Members:

*(Acceptable ID Sources: Alberta Health Care, Drivers License, Passport, Birth Certificate)*

Date: \_\_\_\_\_ ID Source: \_\_\_\_\_

Application Incomplete: Reasons: \_\_\_\_\_

Applicant Contacted on (date): \_\_\_\_\_

Application Accepted on (date): \_\_\_\_\_

Application Ineligible- Reason(s): \_\_\_\_\_

Application Reviewed on (date): \_\_\_\_\_

Application inactive (date): \_\_\_\_\_

Reason for Inactive: \_\_\_\_\_

\_\_\_\_\_