

## 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](http://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](http://www.bchousing.org/RAP) or call the Rental Assistance Program office at the number(s) below.



# Rental Assistance Program

## FOR OFFICE USE ONLY

Date:

Status:

File:

PLEASE  
PRINT  
CLEARLY

### 1. Applicant Information

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

### 2. Spouse 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)

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

### 3. 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

#### 4. Residency Information

**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 lived in Canada? \_\_\_\_\_

**4b.** Please list your address(es) for the last 12 months:

Address(es)	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Landlord Name	Landlord Phone #
Current address				

**4c.** If you or your spouse were not born in Canada, please complete the following:

Name	Date moved to Canada (dd/mm/yyyy)	Current status in Canada	Sponsored Immigrants Only	
			Name of Sponsor	End Date of Sponsorship Agreement

#### 5. Spousal Information

A spouse is a partner through marriage or common-law, or the person with whom the Applicant is living in a marriage-like relationship.

☐ Single – Never Married

☐ Widowed

☐ Divorced or Separated

Date Separated or Divorced: \_\_\_\_\_

☐ Married or Common Law

Does your spouse live with you at your B.C. residential address?

Yes ☐ No ☐

If **No**, provide their address: \_\_\_\_\_

#### 6. Household Information

**6a. List all other persons living with you.** (If required, attach additional names on a separate sheet)

Relationship To Applicant	Last 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)

**6b.** (Optional) Do you or anyone in your household identify as being an Indigenous person of 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 household member not born in Canada please complete the following:**

Name	Date moved to Canada (dd/mm/yyyy)	Status in Canada	Sponsored Immigrants Only	
			Name of Sponsor	Date Sponsorship Agreement Ends

If required, attach additional names on a separate sheet.

**6d. Do all the people listed live with you full time right now?** ☐ Yes ☐ No

If **No**, please provide the name of the person(s) and number of days per week they live with you.

Name	Days per week	Shared custody? (Yes/No)	If not shared custody, why does the person not live with you full-time?

If required, attach additional names on a separate sheet.

**6e. Is any member of your household aged 19 or older and a full-time student?** ☐ Yes ☐ No

If yes, list names \_\_\_\_\_

→ Note: See attached checklist for details of proof required.

**6f. Is any member of your household a disabled dependent for income tax purposes?** ☐ Yes ☐ No

If yes, list names \_\_\_\_\_

→ Note: See attached checklist for details of proof required.

## 7. Contact Information

Home Phone ( ) -	Work Phone ( ) -
Cell Phone ( ) -	Email
<b>Optional:</b> Name of person we can leave messages with	Message person phone number ( ) -
<b>Optional:</b> Authorized Contact* name and relationship to you	Authorized Contact phone number ( ) -

\*By providing an authorized contact, you are giving permission for BC Housing to exchange information with that authorized contact in order to maintain and update your Rental Assistance file. To remove an authorized contact, please contact BC Housing.

## 8. Residential Address

Apt #	Street #	Street Name		
City		B.C.	Postal Code	

**8a. Mailing Address** \*Mail is sent to the residential address, except for rural areas with no mail delivery.

Apt #	Street #	Street Name	
City		B.C.	Postal Code

**8b. Landlord Information**

Landlord Name	Landlord Phone
Landlord Address	

**9. Rent Information**

<b>9a. Do you:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Rent-to-own
<b>How much is your rent?</b> \$ _____ (Do not include hydro, cable or parking in rent amount)
Is this: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Nightly/Daily
Does your rent include heat? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your rent subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you share a kitchen or bathroom with another tenant or your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No

**9b. Check all of the following that apply:**

<input type="checkbox"/> I live in a self-contained unit (apartment, house, townhouse)	<input type="checkbox"/> I live with family or friends (other than spouse/common law partner)
<input type="checkbox"/> I live in a self-contained basement suite	<input type="checkbox"/> I live in a Housing Co-operative
<input type="checkbox"/> I live in a Manufactured/Trailer/Mobile home	<input type="checkbox"/> I live in a Hotel/Motel
<input type="checkbox"/> Other (describe) _____	
If you live in a manufactured/trailer/mobile home, do you? <input type="checkbox"/> Own <input type="checkbox"/> Rent      Trailer Rent      \$ _____	
Do you pay pad rental? <input type="checkbox"/> Yes <input type="checkbox"/> No              Pad Rent              \$ _____	

**10. General Income Information**

<b>10a.</b> Have you (or your spouse) received Income or Disability Assistance from the province of BC in the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when was the last payment received? _____		
<i>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.</i>		
<b>10b.</b> Did you receive any <b>support</b> payments <b>last year</b> (family, spousal or child support)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you <b>currently</b> receive any <b>support</b> payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you earn any tax-exempted income last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(Tax-exempted incomes include on-reserve employment and employment insurance, private disability)		
If you answered Yes to any of the questions in 10b please provide the following for each income source.		
<b>Income or Payment Type</b>	<b>Last Year's Gross Total Amount</b>	<b>Current Gross Monthly Amount</b>
Support payments (family, spousal)		
Child Support (do not include child tax benefits or Universal Child Care Subsidy)		
Employment		
Employment Insurance		
Other (describe):		

**10c. Was the combined gross income on the previous year's tax returns for yourself and spouse under \$60,000?**☐ Yes ☐ No

If you answered **No** to the above please complete section 11 (Current Income) otherwise proceed to, and continue from Section 12 (Asset Information).

**11. Current Income Information**

You must declare **all sources of current incomes** and gross monthly amounts for each source. Attach extra sheet if required.

Income Source (Employment, Employment Insurance, Pensions, Support Income, Other)	Applicant	Spouse
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

→ Note: See attached checklist for details of proof required.

**12. Asset Information**

**12a. Canadian and Foreign Finances:** You must answer yes or no in the declaration for each line listed below.

Type of Assets (including all bank accounts, even with negative balances)	Do you hold any of this asset?	Bank, financial institution or company name	Total Value (\$)	
			Applicant	Spouse
Chequing and Savings account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks, GIC's, Term Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
RRSP/RESP/RSP/RDSP	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Bonds/Other Shares/Foreign Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Assets including Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Shares in a company or business*	<input type="checkbox"/> Yes <input type="checkbox"/> No			

\*If you own shares in a company or business provide legal name:

**12b. Do you or your spouse (if applicable) own any Canadian or Foreign property? (e.g. house, cottage, townhouse, condominium, land, commercial property, etc.)** ☐ Yes ☐ No

If yes, please provide the following information:

Type of Property	Location (Address)	Year Purchased	Value (\$)	Equity (\$)

→ 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
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## Next Steps

1. **Sign & Date Application:** Unsigned applications will be returned which will result in a delay.
2. **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](http://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.

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 following:**

- ☐ A printed, personalized blank cheque marked VOID; or
- ☐ A Preauthorized Debit Form provided by your financial institution; or
- ☐ Have your financial institution complete the information below:

Name of Applicant
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Have the following completed by your financial institution <b>if you are not attaching</b> a void cheque or a Preauthorized Debit form.		
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