



RENTAL SUPPLEMENT ASSISTANCE APPLICATION

APPLICANT INFORMATION

NAME:			MNA #:		
ADDRESS:					
MAILING ADDRESS:					
PREVIOUS ADDRESS:					
BIRTHDATE:		GENDER:		MARITAL STATUS:	SIN#:
PHONE #:		VETERAN ID:		E-MAIL:	
WORKING: <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME:			PHONE:	
RETIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IN SCHOOL: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER SOURCE OF INCOME:			
ARE YOU CURRENTLY RENTING A HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU LIVE IN SUBSIDIZED HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NUMBER IN THE FAMILY:		# OF BEDROOMS IN RENTAL UNIT:			

CO-APPLICANT INFORMATION (IF APPLICABLE)

CO-APPLICANT NAME:			MNA# (IF APPLICABLE):		
ADDRESS:					
MAILING ADDRESS:					
PREVIOUS ADDRESS:					
BIRTHDATE:		GENDER:		MARITAL STATUS:	SIN#:
PHONE #:		VETERAN ID:		E-MAIL:	
WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME:			PHONE:	
RETIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IN SCHOOL: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER SOURCE OF INCOME:			

HOUSEHOLD COMPOSITION EXCLUDING APPLICANT(S) LIST BELOW

NAME	SIN	BIRTHDATE	GENDER	RELATIONSHIP TO APPLICANT

FINANCIAL INFORMATION

GROSS ANNUAL FAMILY INCOME FROM THE PREVIOUS YEAR:
TOTAL GROSS ANNUAL INCOME INCLUDING OTHER FUNDING:
SOURCE OF FUNDING:
YOUR RENT PER MONTH: \$
SECURITY DEPOSIT: \$
REQUESTED FUNDING: \$

DECLARATION

I declare that *I have prepared this application. I have provided an answer to every question on this application. The answers and information are true, accurate and complete to the best of my knowledge, and all required disclosures and other documentation has been provided. I have read and understood the eligibility requirements for the program I am applying for.* I understand and agree that failure to provide complete and truthful answers will result in my termination from the program to which I have applied.

DATE:

APPLICANT SIGNATURE ↻

DATE:

CO-APPLICANT SIGNATURE ↻

DATE:

WITNESS SIGNATURE ↻

PRINT WITNESS NAME ↻

PLEASE NOTE: the maximum length of assistance is 24 months; program staff will periodically confirm eligibility.

REQUIRED DOCUMENTS TO SUBMIT FOR FUNDING

1. Completed and signed original application can be e-mailed, mailed, or dropped off at 11923 121A Street NW, Edmonton, AB T5L 0A2.
2. A copy of your Métis Nation of Alberta citizenship card for applicants (at least one applicant must be an MNA citizen in good standing).
3. Two pieces of identification.
4. *Notice of Assessment* from the previous year for all household residents over 18 years.
5. Attach *current pay stub(s)* for **everyone** working in the household.
6. *Copy of lease agreement*, including damage deposit amount and Landlords contact information.

For further information or questions, please contact:

Métis Capital Housing Corporation

11923 121A Street

Edmonton, AB T5L 0A2

1-877-458-8684

E-mail: homeprograms@metishousing.ca

www.metishousing.ca

Only completed applications will be processed. Incomplete applications will be reviewed, the applicant will be notified for any missing information. Once application is completed, the application will be submitted for review.