

FORM #RSA 2025/26 RENTAL SUPPLEMENT ASSISTANCE APPLICATION

APPLICANT INFORMATION								
NAME:					MNA CITIZENSHIP #:			
ADDRESS:								
MAILING ADDRESS:								
PREVIOUS ADDRESS:								
BIRTHDATE:			GENDER:		MARITAL STATUS:			
PHONE #:	VETERAN	ID:			EMAIL:			
WORKING: YES NO	EMPLC	YER NAME:				PHONE:		
RETIRED: Q YES Q NO IN SCHOOL: Q YES Q I ARE YOU CURRENTLY RENTING A HOME? Q YES Q NO			NO OTHER SOURCE OF INCOME: DO YOU LIVE IN SUBSIDIZED HOUSING? ☐ YES ☐ NO					
# OF OCCUPANTS IN HOUSEHOLD: # OF BEDROOMS IN RENTAL UNIT:								
CO-APPLICANT INFORMATION (IF APPLICABLE)								
CO-APPLICANT NAME:	CITIZENSHIP # (If applicable):							
ADDRESS:								
MAILING ADDRESS:								
PREVIOUS ADDRESS:					•			
BIRTHDATE: G			SENDER:		MARITAL STATUS:			
PHONE #:	VETERAN	ID:	E-MAIL:		:	1		
WORKING YES NO	EMPLOYER NAME:					PHONE:		
RETIRED: ☐ YES ☐ NO IN SCHOOL: ☐ YES ☐ NO OTHER SOURCE OF INCOME:								
HOUSEHOLD COMPOSITION EXCLUDING APPLICANT(S) LIST BELOW								
NAME		BIRTHDATE		GENDE	ER REL	ATIONSHIP 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					
application. The answers and all required disclosure eligibility requirements fo	ared this application. I have provided an answer to every question on this and information are true, accurate and complete to the best of my knowledge, es and other documentation have been provided. I have read and understood the or the program I am applying for. I understand and agree that failure to provide wers will result in my termination from the program to which I have applied.				
DATE:	APPLICANT SIGNATURE 🍮				
DATE:	CO-APPLICANT SIGNATURE 🗢				
**Important - All documen application.	REQUIRED DOCUMENTS FOR FUNDING ts below must be attached; if not, this will cause a delay in processing your				
 Completed and signed original application. Copy of Otipemisiwak Métis Government citizenship Card (Previously known as a Métis Nation of Alberta Citizenship card). Two pieces of identification. Notice of Assessment from the previous year for all household residents 18 and over. Attach current pay stub(s) for everyone 18 Years old and over working in the household. Copy of lease agreement, including damage deposit amount and Landlord contact information. 					
You cannot rent fromRequired document	h of assistance is 24 months. m your immediate family. s can be mailed or dropped off at 11923 121A Street NW, Edmonton, AB T5L 0A2, upplement@metishousing.ca				

For further information or questions, please contact:

Métis Capital Housing Corporation 11923 121A Street Edmonton, AB T5L 0A2 1-877-458-8684

 $\textbf{Email:} \underline{rentsupplement@metishousing.ca}$

www.metishousing.ca