

RENTAL SUPPLEMENT PROGRAM APPLICATION

APPLICANT INFORMATION

NAME:		CITIZENSHIP #:
ADDRESS:		
MAILING ADDRESS:		
PREVIOUS ADDRESS:		
PHONE:	EMAIL:	VETERAN ID:
GENDER:	MARITAL STATUS:	BIRTHDATE:
WORKING: ☐ YES ☐ NO	EMPLOYER NAME:	EMPLOYER PHONE:
RETIRED: ☐ YES ☐ NO	IN SCHOOL: ☐ YES ☐ NO	OTHER SOURCE(S) OF INCOME:
ARE YOU CURRENTLY RENTING A HOME? ☐ YES ☐ NO		DO YOU LIVE IN SUBSIDIZED HOUSING? ☐ YES ☐ NO
NUMBER OF OCCUPANTS IN HOUSEHOLD:		NUMBER OF BEDROOMS IN RENTAL UNIT:
HAVE YOU EVER APPLIED FOR ANY OTHER FUNDING PROGRAM OFFERED BY MCHC? ☐ YES ☐ NO		
IF YES, PLEASE CHECK:		
☐ HOME REPAIR ASSISTANCE ☐ ENERGY EFFICIENCY RETROFITS ☐ DOWN PAYMENT ASSISTANCE		
☐ MORTGAGE ASSISTANCE ☐ RENTAL SUPPLEMENT ☐ STUDENT RENTAL SUPPLEMENT		

CO-APPLICANT INFORMATION (IF APPLICABLE)

CO-APPLICANT NAME:		CITIZENSHIP # (IF APPLICABLE):
ADDRESS:		
MAILING ADDRESS:		
PREVIOUS ADDRESS:		
PHONE:	EMAIL:	VETERAN ID:
GENDER:	MARITAL STATUS:	BIRTHDATE:
WORKING: ☐ YES ☐ NO	EMPLOYER NAME:	EMPLOYER PHONE:
RETIRED: ☐ YES ☐ NO	IN SCHOOL: ☐ YES ☐ NO	OTHER SOURCE(S) OF INCOME:

PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS BELOW:

NAME	BIRTHDATE	GENDER	RELATIONSHIP TO APPLICANT
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/YYYY		

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 and answered every question. The answers and information are true, accurate, and complete to the best of my knowledge, and all required disclosures and other documentation have been provided.*** 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 ➡

CONSENT TO RELEASE AND EXCHANGE PERSONAL INFORMATION

Métis Capital Housing Corporation (MCHC) collects and protects personal information under the authority of the *Alberta Access to Information Act (ATIA)* to operate the programs and services of Métis Capital Housing Corporation (MCHC).

I, _____, of the city of _____ in the Province of _____

PLEASE PRINT

Alberta, state that I made an application to the Rental Supplement Program offered by Métis Capital Housing Corporation and may receive benefits of said program.

I hereby authorize MCHC and its agents to exchange, confirm, and verify all information relating to my circumstances, including, but not restricted to, my personal information. I consent to allow MCHC staff to share and receive all information regarding myself and my household members with other relevant parties relevant to my application for the Rental Supplement Program. I also consent to MCHC staff communicating with me via my email address.

I also release and save harmless MCHC and their representatives and all persons and organizations from any or all claims, actions, demands, and expenses in connection with or arising out of such release of information to or by MCHC.

My consent remains in effect until I submit a letter stating that MCHC can no longer act on behalf of or release any information regarding anything listed above.

My consent remains in effect until I submit a letter stating that MCHC can no longer act on behalf of or release any information regarding anything listed above.

Dated this _____ day of _____, 20____

In the City of _____, in the Province of Alberta.

Signature

Witness Signature

REQUIRED DOCUMENTS FOR PRE-APPROVAL

*****Important - All documents below must be attached; if not, this will cause a delay in processing your application.***

- ☐ 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 years of age and over.
- ☐ Copy of your *signed lease agreement*, including damage deposit amount and your landlord's contact information.

IMPORTANT NOTES

- The maximum length of assistance is 24 months.
- You cannot rent from your immediate family.
- Required documents can be mailed to or dropped off at 11923 121A St. NW, Edmonton, AB T5L 0A2, or emailed to rentsupplement@metishousing.ca

For further information or questions, please contact:

Métis Capital Housing Corporation
11923 121A Street
Edmonton, AB T5L 0A2
1-877-458-8684
Email: rentsupplement@metishousing.ca
www.metishousing.ca