

Application – Temporary Rent Assistance Benefit (TRAB)

What is the Temporary Rent Assistance Benefit and how can it help me and/or my family?

- TRAB provides a modest subsidy for working households with low income or those between jobs. Recipient households live in rental housing located in Strathcona County, Fort Saskatchewan, or Beaver County. Support is intended to help eligible tenants afford their rent while they stabilize or improve their situation.

How is TRAB different from RAB?

- To qualify for this temporary assistance, household members must either be currently employed within the last 24 months and not be currently in the receipt of any social assistance payments (more details are listed on pg.3).
- Households are prioritized on a first-come-first-serve basis and can apply for RAB once TRAB ends.

What does it mean to have a Core Housing Need?

- A household is in core housing need if:
 - Suitable accommodation costs more than 30% of the household's total income on rent, and
 - It has a total annual income below the income threshold for a given municipality.

What is considered a household?

- A household as defined by the GOA, includes the following:
 - *The spouse, common-law, or adult interdependent partner*
 - *Dependent(s) – A dependent includes a member of the household who is not self-supporting. A dependent is an individual under 25 years of age and related by blood, marriage, or adoption.*
 - *Adults co-applying for housing who are none of the above (e.g. roommates)*

What is considered an asset and how does this impact my eligibility?

- A household cannot hold over \$25,000 in eligible assets as defined by the *Social Housing Accommodation Regulation*. For more information, proceed to page 4 of this application.

WHO IS ELIGIBLE TO APPLY?

Note that **the acceptance of an application does not guarantee you will be approved for a financial benefit**. If you require immediate emergency housing or financial support, please reach out to your local family and community services. **Before you apply, please ensure that you:**

- ☐ Have a core housing need, and declare a total asset value of \$25,000 or less,
- ☐ Are a Canadian citizen, Permanent Resident, or a refugee sponsored by the Government of Canada, and
- ☐ Have a combined household annual income **not greater** than the thresholds listed below.
 - The income thresholds for TRAB are set by the Government of Alberta and are based on the combined annual income of everyone 22 years of age or older.

IMPORTANT: Applicant households cannot have an income that exceeds the corresponding Maximum Household Composition thresholds. Income thresholds are updated by the Government of Alberta annually.

Maximum Applicant Household Composition Examples	1 adult in a studio unit	1-2 adults	1 or 2 adults & up to 2 dependents	1 or 2 adults & up to 3 dependents	1 or 2 adults & 4 or more dependents
Maximum Income (Fort Saskatchewan & Strathcona County)	\$46,000	\$54,000	\$66,000	\$76,000	\$84,000
Maximum Income (Beaver County)	\$32,500	\$44,500	\$52,000	\$55,500	\$68,500

WHAT ARE THE STEPS TO APPLYING FOR TEMPORARY FINANCIAL BENEFITS?

Step 1 – Complete the Application

- ☐ Fill out this form completely and include necessary documents to verify your household income. Refer to the checklist at the end to ensure everything is included.
- ☐ Send only **copies** of requested documents; **originals will not be returned**.
- ☐ **IMPORTANT:** If you authorize a social worker, family member, or friend to communicate with HHF on your behalf, complete the [Consent to Release Personal Information](#) form.
- ☐ **Each household member is required to provide proof of identity:**
 - For those 18 years of age or older, this can be in the form of a photocopy of your government-issued ID (e.g. driver's licence, passport, residency card etc.) or can be shown to our staff if you are dropping your application off in person.
 - For dependents, please provide a copy of their provincial health care card, birth certificate, government-issued photo ID or driver's license.
 - Copies of your household's identification will not be retained. Once verified, copies will be securely destroyed.

Step 2 – Submit Your Application

- ☐ Email your application to: applications@heartlandhousing.ca. In person drop-off is also available at the Silver Birch Place office by appointment only. **Walk-in appointments are not available**. Please call us at (780) 400-3500.

Silver Birch Place – Administration Office	
Mailing Address 914 Bison Way, Sherwood Park, AB, T8H 2C4 Phone: (780) 400-3500	Office Hours Monday to Friday: 8:00 am - 6:00 pm Weekends & Holidays: 9:00 am - 5:30 pm

Step 3 – Application is Processed

All applicants will be contacted upon receipt of their application within 5 business days. Should any information be missing, we will reach out to request it. If you meet the eligibility criteria, a review of your application with you will be scheduled. If approved, you will receive a letter confirming your status and be added to the chronological waitlist.

A. HOW DID YOU HEAR ABOUT US?

- ☐ Website/Online Search ☐ Brochure ☐ Referral ☐ Other (please list) _____
- ☐ Community Services ☐ Facebook or Social Media

B. APPLICANT INFORMATION

SECTION 1: Contact Information				
First Name	Last Name	Preferred		
Date of Birth (dd/mm/yyyy)	Pronoun ☐ Female (she/her) ☐ Male (he/him) ☐ Other _____			
Marital Status ☐ Common-Law ☐ Single ☐ Married ☐ Divorced ☐ Separated				
Citizenship Status ☐ Canadian Citizen ☐ Permanent Resident ☐ Privately Sponsored				
Primary Telephone No.	Secondary Telephone No.			
Primary Email	Preferred Contact Type ☐ Telephone ☐ Email ☐ Mail			

SECTION 2: Employment Status

Households are eligible if they are below local [income thresholds](#) and are employed or have been employed in the last 24 months and are not receiving any social assistance.

	PRIMARY APPLICANT	HOUSEHOLD MEMBER (1)	HOUSEHOLD MEMBER (2)	HOUSEHOLD MEMBER (3)
Check the applicable box if you or anyone in your house is employed. If yes, please list the last day worked below.	☐	☐	☐	☐
Last Date Worked (DD/MM/YYYY)				

To verify your employment, please submit a copy of your most recent pay stub. If you cannot provide a pay stub and are on Employment Insurance (EI), you can submit a record of employment or proof of your EI claim start date.

Do you or anyone in your household receive social assistance?	☐	☐	☐	☐
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Examples of social assistance payments include but are not limited to:

- Income Support or Learner Income Support
- Assured Income for the Severely Handicapped (AISH)
- Alberta Seniors Benefit, Old Age Security, or Guaranteed Income Supplement

If you checked yes to receiving social assistance benefits, you **DO NOT** qualify for the Temporary Rent Assistance benefit. Please contact us for alternative program options.

SECTION 3: Current Accommodation

To qualify for rent assistance, you must currently be renting a self-contained home. This means the home has its own kitchen and bathroom and is **not shared** with the landlord. A recipient could live in a legal basement suite, mobile home, detached housing, townhouse, apartment, or condo with a written tenancy agreement.

Please list your current address and lease start and end dates in this section. Complete the Landlord Reference Check form on page 6 and include it with your application.

CURRENT ADDRESS	
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Dates of Occupancy (DD/MM/YYYY – DD/MM/YYYY):

Is this address considered a basement suite*? ☐ Yes ☐ No **Basement suites must be considered legal. The status will be verified.*

SECTION 4: Household Income

The total combined gross income for the household must be below the municipality's income threshold (refer to the first page for details on thresholds and household composition). Attach additional pages if needed. **For household members aged 22 or older:**

- Submit a copy of your **most recent Income Tax Notice of Assessment (NOA)** from Canada Revenue Agency. The copy must show the amount on Line 15000 and your name.
- If you do not have access to your NOA, please call our office for further instructions to verify your household income.

	PRIMARY APPLICANT	HOUSEHOLD MEMBER (1)	HOUSEHOLD MEMBER (2)	HOUSEHOLD MEMBER (3)
Line 15000 of most recent NOA	\$ _____	\$ _____	\$ _____	\$ _____

SECTION 5: Household Composition

In this section:

- Provide details for all individuals living with the primary applicant, regardless of age, based on government-issued identification. Attach additional pages if needed.
- If household members aged 22-24 are full-time students, include proof of enrollment (refer to application checklist).
- For anticipated family size changes within the year, provide supporting documentation (e.g., adoption or kinship care documents)

First Name(s)	Last Name	Date of Birth	Age	Gender	Relationship to Primary Applicant
		<i>Day / Month / Year</i>			

SECTION 6: Declaring Assets

To qualify, your household cannot have more than \$25,000 in assets as defined by the *Social Housing Accommodation Regulation*.

- **Assets Include (but are not limited to):**
 - Financial assets – savings accounts, cash, and certain investments
 - Personal assets – vehicles, property equity, and recreational items (boats, quads, RVs, motorcycles)
- **Assets not counted toward the \$25,000 limit include:**
 - One personal vehicle (extra vehicles may also be exempt if required for work)
 - Household furniture and appliances
 - Clothing and personal items
 - Tools, farm equipment, or supplies needed for work
 - Pension funds, RRSPs, and TFSAs

ASSET DECLARATION	PRIMARY APPLICANT	HOUSEHOLD MEMBER (1)	HOUSEHOLD MEMBER (2)	HOUSEHOLD MEMBER (3)
Total Combined Asset Amount(s)	\$ _____	\$ _____	\$ _____	\$ _____

SECTION 7: HOUSEHOLD VEHICLES

All household vehicles must be listed with year, make, model and estimated kilometers. Each file is reviewed individually to confirm the value and exemptions.

VEHICLE DESCRIPTION	PRIMARY APPLICANT	HOUSEHOLD MEMBER (1)	HOUSEHOLD MEMBER (2)	HOUSEHOLD MEMBER (3)
Year				
Make/Model				
Estimated Kilometers				
Estimated Value:	\$ _____	\$ _____	\$ _____	\$ _____
STAFF USE ONLY: Asset Exempt?	☐	☐	☐	☐

C. APPLICANT'S DECLARATION & CONSENT

All applicants 18 years and older must sign the application. The application cannot be processed without these signatures.

1. I/we authorize HHF to make any inquiries necessary to any government office organization, agency, or individual for the purpose of verifying the information provided in this application.
2. I/we authorize HHF to contact and receive information from current and/or previous landlords to complete reference checks for the purpose of assessing suitability as a prospective recipient of rent assistance benefit.
3. I/we understand that this information is being collected in accordance with sections 12(1)(b) and 13(1)(c) of the **Protection of Privacy Act (POPA)** for the purposes of administering Heartland Housing Foundation (HHF) programs, services, and operational activities. It is protected under POPA and may only be used or disclosed as authorized by law. Questions about the collection or use of your personal information can be directed to Heartland Housing Foundation's Privacy Coordinator at 780-400-3500 or by email at info@heartlandhousing.ca.
4. I/we authorize HHF to contact me for statistical purposes. All information will remain anonymous, and I/we can decline participation at any time.
5. I/we understand that:
 - This application is not an agreement on the part of HHF to provide me/us with rent assistance benefit.
 - Failing to respond to requests for additional information may result in the application being cancelled.
 - Providing false information to HHF may result in the application being cancelled or no longer being eligible.
 - If I/we are being considered for an available benefit, HHF may need additional information to make sure my/our information is up to date in order to ensure that our household still qualifies.
 - It is my/our responsibility to keep HHF updated with any changes to my/our household circumstances including but not limited to changes in contact information and address, household composition, or income.

(Signature of Primary Applicant)	(Signature of Co-Applicant)	(Date) <i>Day / Month / Year</i>
(Signature of Co-Applicant)	(Signature of Co-Applicant)	(Signature of Co-Applicant)

D. EMAIL CONSENT

1. I/we agree to correspond with HHF through email, and hereby:
 - Authorize HHF 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 canceled in writing,
 - Understand that I may cancel this authorization in writing at any time which may affect the timeliness of any updates to my application, and
 - Understand that email is not a secure form of communication and interception by a third party is possible and that the confidentiality of any email message cannot be ensured.

(Signature of Primary Applicant)	(Signature of Co-Applicant)	(Date) <i>Day / Month / Year</i>
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Temporary Rent Assistance Benefit

CONSENT TO LANDLORD REFERENCE CHECK

SECTION 1: PERSONAL INFORMATION		
First Name(s):	Last Name:	Preferred Name (if different):
SECTION 2: AUTHORIZATION LETTER		
This is to identify that I, _____, in accordance with sections 12(1)(b) and 13(1)(c) of the Protection of Privacy Act hereby authorize my landlord to answer questions requested by staff at Heartland Housing Foundation conducting this reference check for the purpose of; - Determining my (and my household's) eligibility for rent assistance benefits; and - Administering the program in which I (and my household) am/are participating, Heartland Housing Foundation will ask your landlord the following list of questions below: - Can you confirm that the applicant currently rents from you? Please list the start and end dates of their tenancy. - What type of accommodation is this address? (apartment, basement suite, etc.) - Does anyone else live with the applicant? Please provide details. - Is the applicant related to you in any way directly or indirectly? - Please confirm their monthly rent amount and utility payment arrangement. - Is the monthly rent being paid and on time?		
Landlord Name:	Phone #:	Email:
Tenancy Start Date:	Tenancy End Date:	
<i>Day / Month / Year</i>	<i>Day / Month / Year</i>	
SECTION 3: AUTHORIZATION SIGNATURE		
I understand that I may cancel this consent at any time with written notice.		
Applicant Name:	Applicant Signature:	Date (DD/MM/YYYY):

This information is being collected in accordance with sections 12(1)(b) and 13(1)(c) of the **Protection of Privacy Act (POPA)** for the purposes of administering Heartland Housing Foundation (HHF) programs, services, and operational activities. It is protected under POPA and may only be used or disclosed as authorized by law. Questions about the collection or use of your personal information can be directed to Heartland Housing Foundation's Privacy Coordinator at 780-400-3500 or by email at info@heartlandhousing.ca.

Temporary Rent Assistance Benefit

APPLICATION CHECKLIST

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REQUIRED DOCUMENTATION		
1.	A copy of recent paystubs or E.I statements for applicable household members	
2.	A copy of your Income Tax Notice of Assessment showing line 15000 (for each adult)	
3.	Consent to Landlord Reference Check Form	
4.	A copy of your household's CURRENT housing lease agreement	
5.	Government Issued Identification	
Each household member is required to provide proof of identity: • If 18 years of age or older, this can be in the form of a photocopy of your government issued ID (e.g. driver's licence, passport, residency card etc.) or can be shown to our staff if you are dropping your application off in person. • For dependents, please provide a copy of their provincial health care card, or birth certificate. • Copies of your household's personal identification <u>will not be kept on file</u>. Once verified, copies will be securely destroyed.		
SUPPORTING DOCUMENTS (IF APPLICABLE)		
1.	Consent to Release Personal Information Form	
2.	Permanent Resident or Immigration Status documentation	
3.	Mortgage Statement (if currently undergoing a separation & a division of assets is occurring)	
4.	Tax Assessment for residential property (due to same reason listed above)	
5.	Verification of student status	
If anyone between the ages of 22-24 are attending school full-time, please include proof of student enrollment in post-secondary education. These could include: • Student Funding Notice of Assessment showing start and end date of school term • Letter from Registrar/School on letterhead stating client is a full-time student • AB Works Student Learners Income Support • Full-time Student Schedule with a copy of Student School ID		
6.	Proof of assets	
Applicable assets include: • A second vehicle (e.g. car not used for work purposes, camper/trailer, quad, or boat) • Specific to second vehicles only, please provide copies of loan/payment information so that the asset value can be determined • Equity in owned property • Certain investments, cash or money in savings account Assets that are considered <u>exempt</u> for priority scoring purposes include: • Essential personal and household effects (clothes & furniture) • Tax Free Savings Accounts (TFSA) • Assets in pension funds, registered disability plans, or registered education & retirement savings plans • Tools, agricultural equipment and supplies necessary for a profession or trade • A lump sum payment or refund from the Government of Alberta or Canada		
Staff Use Only		
Identification visually verified by:		Signature: