

BVRH Program Summaries

Community Family Housing

- This program is designed for low-income households with dependent children under the age of 21.
- The program has two-bedroom, three-bedroom and four-bedroom properties, some in townhouses and some stand-alone properties. Applicants are approved for a specific size of accommodation based upon the family composition.
- Rent is set at 30% of gross household income (excluding Alberta income supports such as the Canada child benefit).
- Stoves and fridges are provided in each unit.
- Electricity, TV and internet are not included in the rent. Tenants must bring their own window coverings and washer and dryer, but there are washer and dryer hook ups in each unit.
- Eligibility is determined by a *point score* system which measures the priority of need. Housing is then allocated to the applicant with the highest point score. If there is no housing available, applicants will be placed on a waitlist.
- Points are awarded based on an applicant's circumstances, such as number of dependents, percentage of income going to rent, certain emergency situations – such as risk of homelessness, accessibility challenges, unsafe accommodation and utility responsibility.
- No pets are allowed, however service and therapeutic animals may be considered.

Rent Assistance Benefit

- This is a Provincial program that provides eligible households with a supplement of up to \$650 per month. This is to offset the difference between a household's rent and an amount equal to 30% of their gross income.
 - For example, a household that earns \$1,500 per month but pays \$800 per month in rent may receive \$350 as a monthly supplement. (\$800 (30% of \$1500) = \$350).
- Eligibility is determined by a *point score* system which measures the priority of need. If there is no space on the program, applicants will be placed on a waitlist.
- Points are awarded based on an applicant's circumstances, such as number of dependents, percentage of income going to rent, certain emergency situations – such as risk of homelessness, accessibility challenges, unsafe accommodation and utility responsibility.
- Residents of social housing accommodation are not eligible for this program.



Program Eligibility

Community Family Housing

To	be eligible for the Community Family Housing program, you must meet ALL the criteria below:
	Be a Canadian citizen, permanent resident of Canada or have applied for permanent residency in Canada.
	Have lived in the Bow Valley for at least the last 6 months
	Have a total gross family income below the maximums in the table at the bottom of this page, as per line 15000 of your last Notice of Assessment. If your circumstances have changed following the last notice of assessment, we can use the previous 3 months income to calculate an estimated annual amount.
	Rent Assistance Benefit
	To be eligible for the Rent Assistance Benefit, you must meet ALL the criteria below: Be a Canadian citizen, permanent resident of Canada or have applied for permanent residency in Canada.

Residents of social housing accommodation are not eligible for this program.

☐ Have a total gross family income below the maximums in the table below, as per line

15000 of your last Notice of Assessment. *If your circumstances have changed following the last notice of assessment, we can use the previous 3 months income to calculate an*

☐ Be renting a property in the Bow Valley with a current lease

estimated annual amount.

Income Thresholds

Unit Size	Income limit
1 Bedroom Property	\$71,500
2 Bedroom Property	\$88,500
3 Bedroom Property	\$103,000
4+ Bedroom Property	\$119,500

Income thresholds are set by the Province of Alberta and updated every year.



Application Process

Follow the steps below to apply for our Community Housing and/or Rent Assistance Benefit Programs

- 1. Check the eligibility criteria to confirm you are eligible for the program
- 2. Complete the application form
- 3. Gather the documents below, we can photocopy them at the BVRH office if required.
- 4. Sign the statutory declaration form witnessed by a commissioner of oaths, this can be done at the BVRH office free of charge. All applicants are required to sign a statutory declaration stating all the information provided is truthful and accurate.
- 5. Sign the child custody declaration form (if applicable), this can be signed and witnessed by a commissioner of oaths at the BVRH office free of charge.
- 6. Drop the form off at the BVRH office (please come to the reception at the seniors lodge) or mail/email it, addresses below:

Bow Valley Regional Housing 920A Fairholme Drive Canmore AB, T1W 1W1 403 678 5922 | info@bvrh.ca

BVRH will contact you once the application is processed to confirm if you are eligible. If the program is full, you will be placed on a waitlist, your position on the waitlist will depend on the points you have been allocated due to your circumstances. Please contact us if you have any questions about the program, application process or eligibility.

Document Checklist

Completed application form.
Signed statutory declaration form (can be signed and witnessed by a commissioner of oaths at the BVRH office)
Signed child custody form <i>if applicable</i> (can be signed and witnessed by a commissioner of oaths at the BVRH office)
Most recent Notice of Assessment from the CRA (for each applicant over 18)
Income verification – Proof of income for the last 3 months (pay slips, bank statements
etc)
Proof of residency in the Bow Valley for the last 6 months – required for the community
housing program
Copy of current lease – required for the RAB program
Proof of Canadian Citizenship or Permanent Residency in Canada
Any other documentation relating to your circumstances that could be relevant (doctors



Personal notes for applicant (not part of application)



Application Form

I would like to apply for the: ☐ Community Housing Program ☐ Rent Assistance Benefit Program (RAB) 1. General Information Applicant 1 Applicant 2 (If applicable) Name: Name: Phone #: Phone #: Email: Email: Date of Birth: Date of Birth: Driver License #: Driver License #: Alberta Health Card #: Alberta Health Card #: SIN #: SIN #: Are you a Canadian Citizen? Yes \Box Are you a Canadian Citizen? Yes □ If no, please provide a copy of your PR Card If no, please provide a copy of your PR Card 2. Household Composition Please list all other people who will be living with you Last name First name Relationship to Date of birth Occupation or applicants school grade Are any members of your household physically handicapped? No Yes Please specify Is a baby expected in your household? No□ Yes□Please give estimated due date 3. Current Property **Property Address:** Mailing address (If different from property address): Monthly rent or mortgage payment: \$_ Do you pay for: ☐ Heat ☐ Electricity ☐ Water / sewer If you don't pay rent do you contribute financially? No \square Yes \square How much do you contribute \$ please give details



Gross monthly pay:

Hourly wage:

Hours per week:

Community Housing and Rent Assistance Benefit

Is your current accommodation:						
☐ Rented ☐ You own it ☐ Other <i>Please specify</i>						
If rented please give the landlord d	etails below					
Current Landlord:		Previous Landlord:				
Name:		Name:				
Address:		Address:				
Phone number:		Phone number:				
Email:		Email:				
Is your current accommodation sha	ared with anyone	other than the app	olicants or people listed in			
Section 2: No□ Yes□						
If yes, please specify Number of cl	hildren	Number of a	dults			
Amount they contribute financially						
Relationship						
Do you have a pet? No□ Yes □ Ple	ease specify					
Why do you want to move from yo		modation?				
, ,						
4a. Income - Employment						
Please list all income received from	n emplovment					
Applicant 1	Applicant 2 (If	applicable)	Other household member (if			
		,	applicable)			
Current employer:	Current employ	ver:	Current employer:			
carrent employer.	current employ					
Gross monthly pay:	Gross monthly	pay:	Gross monthly pay:			
Hourly wage:	Hourly wage:		Hourly wage:			
Hours per week:	Hours per week	(:	Hours per week:			
•						
Current employer(2):	Current employ	ver(2):	Current employer(2):			

Gross monthly pay:

Hourly wage:

Hours per week:

Gross monthly pay:

Hourly wage:

Hours per week:



4b. Income - Other				
Please list all other sources of inco	me, such as EI, student grants, Alber	ta works, child support,		
pensions , self employment				
Applicant 1	Applicant 2 (If applicable)	Other household member (if applicable)		
Income source:	Income source:	Income source:		
Gross monthly amount:	Gross monthly amount:	Gross monthly amount:		
Income source:	Income source:	Income source:		
Gross monthly amount:	Gross monthly amount:	Gross monthly amount:		
Total gross monthly income from	Total gross monthly income from	Total gross monthly income		
section 4a and 4b:	section 4a and 4b:	from section 4a and 4b:		
\$	\$	\$		

5a. Assets - Savings Please list all savings accounts, stocks, bonds, RRSPs, investments etc			
Applicant 1	Applicant 2 (If applicable)	Other household member (if applicable)	
Description:	Description:	Description:	
Amount:	Amount:	Amount:	
Description:	Description:	Description:	
Amount:	Amount:	Amount:	
Estimated total value of household belongings (furniture, appliances etc) \$			

5b. Assets - Vehicles		
Please provide information on all vehicles owned by the household		
Vehicle 1	Vehicle 2	
Make & Model:	Make & Model:	
Year:	Year:	
License Plate:	License Plate:	
Loan Outstanding? \$	Loan Outstanding? \$	

5c. Assets - Loans				
Please list any outstanding loans or debts				
Applicant 1	Applicant 2 (If applicable)	Other household member (if applicable)		
Name of creditor:	Name of creditor:	Name of creditor:		



Amount:	Amount:		Amount:	
	Name of creditor: Name of credit		Name of creditor:	
Amount:	Amount:		Amount:	
6. History				
Have any of the applicants ever lea		om BVRH before?	No□ Yes □	
If yes, please complete the following	ig:	F		
Leased address		Fror	n to	
7 No. 1 . 5 12 .				
7. Next of Kin				
Next of kin:		Address:		
Phone Number:		Relationship:		
8. Additional Information				
	ulal mata via via	Diago indianto hal	and have seen and distant the	
Please indicate below how you wou	-	Please indicate below how you would rate the		
stress/anxiety around your current	-	likelihood of securing safe and appropriate		
situation or the challenges of findir	ig suitable	housing within your budget without BVRH		
housing in the Bow Valley.		assistance, given the current housing and cost of		
_		living challenges in	·	
☐ Extreme stress/anxiety	☐ Extreme stress/anxiety		☐ Extremely unlikely	
☐ A lot of stress anxiety		□ Very unlikely		
☐ Significant stress /anxiety		□ Very difficult		
☐ Some stress/anxiety		☐ Challenging		
$\ \square$ No stress/anxiety at all		☐ Somewhat troublesome		
Please check any of the boxes below	w which apply to	your household, ple	ease give details on the	
following page if necessary.				
☐ Indigenous people				
☐ Youth exiting government of	care			
People with disabilities				
. □ Veterans				
· ·				
☐ Racialized groups	•			
• •	People dealing with mental health and addiction			
	i nearth and add	icaon		
☐ LGBT2S+ People				



Please indicate any other related in	nformation you wish to	provide, such as tl	he condition of your
present accommodation or special	family circumstances.	Please use an add	itional page if necessary.
9. Acknowledgement			
I understand that this application of	loes not constitute an	agreement on the I	nart of Row Valley
Regional Housing, or its agents, to		~	part or bow valley
I further acknowledge the right of	•		prior to the execution and
delivery to me a lease, to withdraw	, ,	,	
otherwise, any acceptance or appr			•
authorize Bow Valley Regional Hou	• •	•	•
that discovery of any false stateme			· · · · · · · · · · · · · · · · · · ·
I further agree that I am obliged fo			
change in family composition, gros			
occur. False statements may be pro	•	•	•
of Bow Valley Regional Housing.			, ,
, 5			
Applicant 1 Signature	Applicant 2 Signatu	re	Date



Statutory Declaration Verification of identity and statements

In the matter of this application	n for dwelling accommoda	ation
l, Alberta, Canada do solemnly d	of the town of leclare as follows:	in the Province of
		on are to the best of my knowledge,
		eving it to be true and knowing that it is rtue of the "Canadian Evidence Act".
 Applicant Signature		
Declared before me at the Tow		the Province of Alberta, this day o
Signature of A Commissioner for expires on, 20		ovince of Alberta, whose commission
		Printed Name of Commissioner for Oaths



Statutory Declaration: Child Custody

IN THE MATTER of Child Custody:		
l,	of the town of	in the Province of
Alberta, Canada do solemnly decla	re as follows:	
 That I am the person named ar That I am the person named ar Percentage custody 	nd that I have part time	
That the statements made by me respects. Should there be any characteristic within two (2) weeks in v	nges in this I will notify	•
And I make this solemn declaration the same force and effect as if made	•	ing it to be true, knowing that it is of irtue of the Canada Evidence Act.
Declared before me at the	}	
	Decla 1	rant
Of	}}	
in the Province of Alberta, this	}}	
day of , 20	}}	
A Commissioner for Oaths in and fo	or the Province of Albei	rta
	Му Арро	intment expires on
Printed Name of Commissioner for	· Oaths	Day / Month / Year