

Application Form

Submit completed application with supporting documents:

Shelter Aid for Elderly Renters 101 – 4555 Kingsway Burnaby, BC V5H 4V8

Scan and save, then submit using the Program Upload Form at:

www.bchousing.org/puf

By fax to (604) 439-4729

PLEASE:

Print clearly.

Do NOT include original documents (we require photocopies only).

Do NOT use staples.

Avoid Processing Delays:

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed, and dated
- Include proof of income, age, and rent
- Include bank information for Direct Deposit

Applications submitted without required supporting documents can be held for a maximum of 90 days.

The Shelter Aid for Elderly Renters (SAFER) program helps make rents more affordable for BC seniors with low to moderate incomes. SAFER provides monthly cash payments to eligible BC residents who are age 60 or over and who pay rent for their homes.

Who is eligible?

You may be eligible for SAFER if you meet **all** of the following conditions:

- 1. You are age 60 or older.
- 2. You or your spouse (if applicable) have lived in British Columbia for the full 12 months immediately preceding your application.
- 3. You and your spouse (if applicable) are one of the following: Canadian citizen(s); or authorized to take up permanent residence in Canada; or Convention refugee(s).
- 4. You pay more than 30% of your gross (before tax) monthly household income towards the rent for your home (or for the cost of pad rental for a manufactured home (trailer) that you own and occupy).
- 5. Your gross (before tax) monthly household income does not exceed the maximum allowable income.
- 6. You do not receive income assistance through the B.C. Employment and Assistance Act or the Employment and Assistance for Persons with Disabilities Act (excluding Medical Services only).

For more information on eligibility please see the SAFER website at www.bchousing.org/SAFER or call the SAFER office at 604-433-2218 (or toll-free at 1-800-257-7756).

Benefit Effective Date:

The Benefit is effective the latter of:

- → The first day of the month in which your application is received by our office; or
- → The first day of the month in which you are deemed eligible for SAFER.

The Benefit is a non-taxable reimbursement for rent already paid and is paid at the end of each month.



PLEASE PRINT CLEARLY

FOR OFFICE USE ONLY

Date: Status: File:



JLEARLI				
1. Applicant Information	tion			
Social Insurance Number	Last Name		First Name(s)	
Birth Date (dd/mm/yyyy)	Age	Gender		Born in Canada? (Yes/No)
2. Spouse or Partner	Information (if ap	oplicable)		
Social Insurance Number	Last name		First name(s)	
Birth Date (dd/mm/yyyy)	Age	Gender		Born in Canada? (Yes/No)
		-		
3. Consent For Relea	ise of Information	From Canada Revo	enue Agency	У
To determine eligibility for the Shelter Aid For Elderly Renters Program, income tax information is required. You may give the Canada Revenue Agency permission to provide the required information or you may provide the tax information directly to BC Housing yourself.				
SELECT Option 1 or Option	n 2 below. Do not che	ck more than one box.		

Option 1: Consent Granted

I/We hereby consent to the release, by the Canada Revenue Agency, to BC Housing of information from my/our income tax records, whether supplied by me/us or by a third party. The information will be relevant to, and used solely for the purpose of, determining and verifying my/our eligibility, entitlement for and the general administration and enforcement of rental assistance/subsidies from BC Housing.

This authorization is valid for the current taxation year, the two taxation years immediately preceding the current taxation year and each subsequent consecutive taxation year for which I/we have applied for rental assistance/benefit.

I/we understand that if I/we wish to withdraw this consent, I/we may do so at any time by writing to:

Manager, Applicant Services BC Housing, 1701 - 4555 Kingsway Burnaby, BC V5H 4V8.

Option 2: Consent Not Granted

I/We do not give consent for the Canada Revenue Agency to provide my/our income tax information to BC Housing. I/We understand that I/we will be responsible for providing verification of my/our income and assets in order to confirm eligibility for rental assistance/benefit. I/We have attached the following proof:

- Copy of Notice of Assessment for the last filed tax year.
- Copy of detailed Income Tax Return for the last filed tax year.
- If self-employed: Copy of Statement of Business Activities and all related worksheets (only required for individuals with self-employment income, either business or professional on their tax return).

If you are not able to locate your income documents, please obtain a Proof of Income Statement (Option C print) from www.cra.gc.ca/myaccount or contact the Canada Revenue Agency at 1-800 959-8281.

Applicant:		
Print Name Spouse:	Signature	Date
Print Name	Signature	Date

4.	Residency Information											
4a.	. Have you lived in B.C. for the past twelve months? Yes No											
	If no, when did you move to B.C.?											
	How long have you	ı live	d in Can	ada?								
4b.	Please list your add	dress	s(es) for	the last 1	I2 mont	hs:						
	Address(es) From Date (dd/mm/yyyy) Address(es) From Date (dd/mm/yyyy) Landlord Name Landlord Phone #								ndlord Phone #			
Cur	rent address			(du/III	пиуууу)) (du/i	11111/	уууу)				
Our	Terit address											
4c.	If you or your spou	se w	ere not b	oorn in C	anada. ı	please com	plete	e the foll	lowina:			
	you or your opour		Date m			-	1	- 110 1011	Sponsore	d Imm	igrants (Only
Nan	ne		to Can	ada n/yyyy)	Canad	nt status in da		Nam	e of Sponsor			d Date of
			(44/1111	.,,,,,,	/y)				,	Sponsorship Agreement		
5.	Household Info	orm	ation -	Check	all op	tions tha	t ap	oply				
	☐ Living Alone ☐ Living with a spouse or common-law partner											
□ :	Sharing with another	r adu	ılt(s)			☐ Oth	ner,	describe	e:			
5a.	List all other persor	ns wl	ho are liv	ving with	you. (<i>if</i>	f required at	tach	n additio	nal names on	a sepa	arate she	eet)
Las	t Name	Giv	ven Nam	nes		Relationsh to	iip		irth Date*		Age	Gender*
						Applican	t	(d	ld/mm/yyyy)			(M/F)
	*Birth Date and Gende	er no	t required	for childr	en aged	25 or older o	r an	y other a	dult(s) living in t	he hou	sehold.	1
5b.	(Optional) Do you o	or an	yone in	your hou	sehold i	dentify as b	eing	g an Indi	genous perso	n of Ca	anada?	
	☐ Yes ☐ No	If ye	es, pleas	se select	the option	on(s) that b	est o	describe	s your Indiger	ous id	lentity:	
			First Nat	ions		☐ M	étis		☐ Inui	t		☐ Other

6.	Contact Info	rmation				
Hom	ne Phone #) -			Work Phon	ne#
Cell	Phone #	/			Email)-
OCII	() -			Linaii	
Opti	ional: Name of pers	son we can leave	messages with		Message p	person phone number
Opti	ional: Authorized C	ontact* name and	I relationship to you		Authorized	Contact phone number
			, , , , , ,		() -
If Ap	pplicable: Power of	f Attorney name			Power of A	attorney phone number
*Bv	providing an author	rized contact, you	are giving permissio	n for BC Housin	g to exchanc	ge information with that authorized contact
						se contact BC Housing.
7.	Residential A	Address				
Apt	#	Street #		Street Name		
City						Postal Code
Oity					B.C.	i ostai oode
7a.	Mailing Addres	s *Mail is sent	to the residential a	ddress. with th	e exception	n of rural areas with no mail delivery.
Apt		Street #		Street Name		,
City					B.C.	Postal Code
	Landlord Inform	nation		T		
Lan	dlord Name			Landlord Pho	one	
Land	dlord Address					
8.	Rent Informa	ition				
8a.	Do you:	Rent	Own [Life Lease	Rent	t-to-own
	How much is ye	our rent? \$	(Do	- not include hvo	dro. cable o	r parking in rent amount)
	Is this:	Monthly	☐ Weekly	Nightly/Daily		
	Does your rent in	<u> </u>	☐ Yes ☐] No		
	Is your rent subs		☐ Yes ☐] No		
	-			-		
	Does your rent in	nclude meals?	Yes	No If Yes,	how many	meals per day?
	Do you share a	kitchen or bathro	oom with another to	enant or your l	andlord?	☐ Yes ☐ No
8b.	Check all of the	following that	apply:			
		-contained unit	(apartment,			or friends (other than spouse/common
	house, townh	-contained base	ement suite	law pa □ I live ii	,	g Co-operative
	_	nufactured/Traile			n a Hotel/M	
	Other (descri	be)				
		-	ler/mobile home, d		ın □ Pon	t Trailer Rent ¢
	•			o you! UW	ıı □ κen	
	Do you pay pad	rental?	Yes No			Pad Rent \$

9. Income Information

9a.	Have any income sources reported on your tax return stopped or permanently decr	eased? 🗌 Ye	s No
9b.	Did you stop working in the last 24 months? If yes, when did you last work? (Month/Year)		
9c.	Do you plan to seek employment in the next year?		
9d.	Have you (or your spouse) received Income or Disability Assistance from the provimenths? Yes No	nce of BC in t	he past 24
	If yes, when was the last payment received? (Month/Year)		
9e.	Did you (or your spouse) receive a T5007 Income Tax slip from the BC Bus Pass Pr Yes No If yes, include a copy of the T-slip and this amount will be excluded from your income.	ogram last ye	ar?
9f.	Did you receive any income in the last year that does not appear on your tax return reserve employment, foreign pensions, etc.)? Yes No	(family suppo	rt, on-
	If yes, please describe and attach supporting documentation:		
9g.	Do you have any income from self-employment? ☐ Yes ☐ No If yes, please attach a Statement of Income and Expenses from last year's Income Tax re worksheets (T2125)	turn and all rel	ated
9h.	Current Monthly Income (for both applicant and spouse, if applicable)		
(Emp	Ill current Income Sources including any regular ongoing funds received from non-taxable Sources: sloyment, Employment Insurance, Pensions both Foreign and Domestic, Support Income, On-Reserve oyment, Seasonal Employment, Family Support, and all other sources)	APPLICANT	Spouse
Old	Old Age Security, Guaranteed Income Supplement, and Allowance for the Survivor (if applicable) \$		\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
→	Note: See attached checklist for details of acceptable proof of income.		

NOTE:	
Proof o	f income must be provided before this application can be processed. Please attach:
	Income Tax Information, either consent for release of tax information from Canada Revenue Agency (CRA); or Copies of last year's Income Tax Notice of Assessment AND detailed Income Tax return; and
	If self-employed, statement of Income and Expenses from last year's Income Tax return and related worksheets (form T2125); and
	If you declared bankruptcy in the last two years, both the pre- and post-bankruptcy returns; and
	If any income reported on your tax return have stopped or permanently decreased, proof of current income from all sources; and
	Proof of any non-taxable income.

Purpose of this form:

This form collects specific information from applicants (the person(s) filling out the form) to determine eligibility for assistance through the Shelter Aid for Elderly Renters (SAFER) program. The information is collected in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your information, please call 604-433-1711 and ask to speak to BC Housing's Privacy Officer or write to 4555 Kingsway, Burnaby, BC, V5H 4V8.

10. Declaration and Consent

PLEASE READ AND SIGN

I/We declare:

■ This is my/our application and all the information in it is true, correct and complete in every respect; fully discloses my/our income from all sources; and accurately represents my current living circumstances.

I/We permit:

■ BC Housing to verify any of the information I/we have provided in this application in order to access my/our eligibility for benefits under the Shelter Aid For Elderly Renters Program.

I/We acknowledge and understand that:

- It is my/our responsibility to promptly provide, or cause to be provided, all information and documentation that is reasonably requested by BC Housing to determine my/our eligibility for benefits and/or for audit purposes. I/we are responsible to immediately inform BC Housing of any changes in my/our address, rent, marital status, family size, or the people sharing my/our accommodation so that my/our benefit can be adjusted accordingly.
- Failure to report changes in my/our address or household composition may result in an interruption or suspension of benefits and may also result in an overpayment, which I/we will be required to repay.
- Failure to report if I/we begin to receive income assistance through the Ministry responsible for the B.C. *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act* will result in an overpayment of benefits which I/we will be required to repay.
- Benefits paid under this agreement is a reimbursement of actual rent paid and if I/we fail to pay the full rental amount BC Housing may immediately stop payment of benefits and I/we agree to return to BC Housing all benefits paid for periods in which the full rental amount was not paid.
- BC Housing will audit some Shelter Aid For Elderly Renters Program applications and benefits may be adjusted if the audit reveals errors or omissions in any information.
- Misrepresentation of the information provided, in writing or by omission, may result in recovery of benefits in addition to any other remedies available in law or equity.
- If I/we wish to withdraw this Declaration and Consent, I/we may do so at any time in writing to BC Housing; however, withdrawal will result in my/our being ineligible for assistance through the Shelter Aid For Elderly Renters Program.
- BC Housing will issue tax slips for annual benefits of \$500 or more

Signature of Applicant	Date	Signature of Spouse (if applicable)	Date

Next Steps

- 1. Sign & Date Application.
- 2. **Attach Supporting Documents:** (Do not send original documents) Review the attached checklist for more information on supporting documents.
- 3. Submit Application:

Shelter Aid for Elderly Renters, 101 – 4555 Kingsway, Burnaby, BC V5H 4V8

NOTE: The most common cause of delays is missing documentation. Applications submitted without all required supporting documents can be held for a maximum of 90 days.

SAFER Direct Deposit

Assistance is paid by direct deposit to your account on the last working day of each month. The account must be in the name of the applicant and/or spouse (if applicable). The information requested will provide BC Housing with the required financial institution, transit and account numbers needed for processing automatic payments to your account.

needed for processing automa	tic payments to your accou	ınt.
☐ A Preauthorized De	llowing: ized blank cheque marked ebit Form provided by your institution complete the in	financial institution; or
Name of Applicant		
Have the following completed by Preauthorized Debit form.	your financial institution if y	ou are not attaching a void cheque or a
Transit Number	Bank Number	Account Number
Name(s) on the account		Phone number of financial institution
Proof of Rent - Landlord Not required if a Tenancy Agreen		n provided with application form.
, , ,	·	
ILandlord / Building Manager Name (F	confirm that I am rentin	g BC Rental address (Unit #, Street #, City)
ToPrint Tenant's Name(s)		since Date tenancy started (MM/DD/YY)
The Rent is \$ per	☐ Month ☐ Week	☐ Night
Heat included? ☐ Yes ☐ No)	
Landlord Signature	Landlord Ph	one #Date:
	Please return to:	



SAFER Department BC Housing #101 – 4555 Kingsway, Burnaby, BC V5H 4V8

Shelter Aid for Elderly Renters (SAFER) - Application Checklist

Incomplete applications will experience processing delays. Before submitting your application form, please review the following to make sure that all required information is included.

- Applications are effective the latter of the month in which they are received by the Shelter Aid for Elderly Renters program or the month in which an applicant is deemed eligible.
- > Incomplete applications will experience processing delays and can be held for up to 90 days to allow time to gather and submit missing documentation.
- After 90 days, incomplete applications will be cancelled and the applicant will be required to complete a new application. The effective date will be adjusted to the month in which the new application is received.

Do NOT include original documents (we require photocopies only)
Identification and Residency (Required for applicant and spouse, if applicable)
If you are receiving Old Age Security, attach a copy of one of the following:
☐ Birth or baptismal certificate, Passport, Driver's License or a BC ID Card.
If you are not in receipt of Old Age Security, please attach:
☐ If born in Canada, Copy of Canadian birth or baptismal certificate, or Passport.
☐ If not born in Canada, documentation showing date of birth as well as your status in Canada and that you are not under private sponsorship. For more information, please call 604-433-2218 or toll-free at 1-800-257-7756.
Power of Attorney (If applicable)
Attach Power of Attorney authorizing documents.
Direct Deposit
☐ Attach a personalized blank cheque marked VOID to the application form; or
☐ Attach a Preauthorized Debit Form provided by your financial institution; or
☐ Have your financial institution complete the SAFER Direct Deposit section of this application.
Proof of Rent
Rent Receipt showing address, rent amount, date and landlord name; or
Copy of recent Rent Increase Notice; or
 Copy of Lease or Tenancy Agreement (if signed within the past 12 months); or Have your landlord complete the Proof of Rent - Landlord Declaration section of this application.
Income Tax Information (Required for applicant and spouse, if applicable)
Provide consent for release of tax information from Canada Revenue Agency (CRA) on page 2 of this
application; or
☐ Provide copies of last year's Income Tax Notice of Assessment AND detailed Income Tax return (include all
pages); or T-slips from all income sources.
Note: If bankruptcy was declared within the last two taxation years, provide copies of the Income Tax Notices of Assessment and detailed Income Tax returns for both the pre- and post-bankruptcy.
Proof of Self-Employment (If applicable)
If last year's annual income included income from self-employment, attach:
 Statement of Income and Expenses from last year's Income Tax return and all related worksheets (form T2125).
Proof of Current Income (If applicable)
If any income reported on your tax return have stopped or permanently decreased, attach:
☐ Proof of CURRENT gross monthly income, from all sources (cheque stubs, letter from employer bank
statements showing direct deposits or other income statement).
BC Bus Pass T5007 Tax Slip (If applicable)
If you (or your spouse, if applicable) received a T5 slip from the BC Bus Pass Program last year, attach:
☐ The T5007 tax slip that indicates the bus pass benefit amount.

For assistance call 604-433-2218 or toll-free at 1-800-257-7756 from outside the Lower Mainland.