

**CONFIDENTIAL**  
**PLEASE READ CAREFULLY**

## **DIRECT TO TENANT RENT SUPPLEMENT (DRSP)**

### **Frequently Asked Questions (FAQs)**

**\*\*Please read in detail...**

#### ***Do I have the right application form?***

If you are... Applying for the Direct to Tenant Rent Supplement Program (DRSP) – please complete the application form.

#### ***Do I need to answer all of the questions on the application?***

Yes, all questions and requested documentation must be supplied in order for the application form to be processed. If a question does not apply to your situation, mark N/A in the section. **Incomplete applications will not be processed.**

#### ***How do I get the application signed by a Commissioner for Oaths?***

A Commissioner for Oaths administers oaths, and takes and receives affidavits, declarations, and affirmations that will be used in Alberta. Your local Town Office, Pharmacist, or Lawyer's office are generally available to provide this service. Admissions Department can provide this service - **by appointment only.**

#### ***Is there any other documentation that I need to provide?***

YES, please refer to the attached checklist for required documentation.

#### ***How long will it take to be placed/approved?***

All of our programs have waiting lists and placement is based on what your priority rating score is. DRSP approvals are done at the government level. Please allow two weeks minimum processing time, however processing times vary.

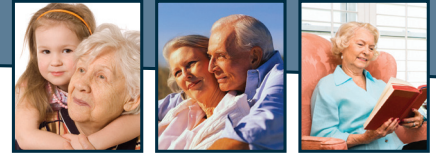
#### ***Where do I send the application once it is complete?***

Please mail your completed application to:

#### **Mountain View Seniors' Housing**

Attention: Admissions  
# 301, 6501 – 51<sup>st</sup> Street  
Olds, AB T4H 1Y6

**\*APPLICANTS seen by Appointment Only\***



## REQUIRED DOCUMENTATION CHECKLIST

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**ALL Financial documentation must have:  
NAME, DATE, AMOUNT and SOURCE OF INCOME**

### **Documents confirming all Income including:**

- o Recent Tax Years Notice of Assessment
- o Old Age Security (OAS)
- o Alberta Seniors Benefits (AB SB)
- o Guaranteed Income Supplement (GIS)
- o Canada Pension Plan (CPP)
- o Private Pensions
- o Employment Income (3 months worth of pay stubs or letter from employer)
- o AISH or Income Support (reporting card or eligibility form)
- o Child Support (Court Order or MEP)
- o Child Tax Benefit
- o Statutory Declaration (if documentation cannot be provided)
- o Rental / Tenancy Agreement

### **Documents confirming all Assets including:**

- o RRSP's
- o RRIF's
- o Mutual Funds
- o Tax Free Savings Account (TFSA)
- o GIC's
- o Inheritance / Royalties
- o Bank Account Statement
- o Property Tax Assessment / Realtor Listing
- o Vehicles (purchase / loan agreement)

**If required information is not provided, we will be unable to process your application**

**\*Further documentation may be required based on personal circumstances\***

### **CONTACT INFORMATION:**

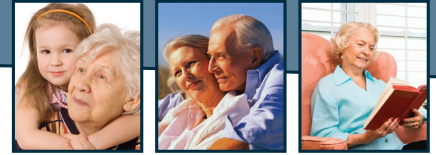
MOUNTAIN VIEW SENIORS' HOUSING

Email: [admissions@mvsh.ca](mailto:admissions@mvsh.ca)

Phone: 403-556-2957

**Our Vision** - We enhance lives by providing quality care and self-sustainable living through innovative leadership.





## APPLICATION FOR DIRECT RENT SUPPLEMENT (DRSP)

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### INSTRUCTIONS FOR COMPLETING APPLICATION:

Complete ALL questions, supplying ALL of the requested information. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information you would like us to be aware of.

You will be required to provide the following:

- A signed letter from the employer of EACH working member in your family stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment.
- If you or any member of your family is receiving Employment Insurance, Worker's Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit.
- Documentation to verify all other sources of income i.e. child support, oil royalties, etc..
- A copy of your most recent TWO pay cheques, benefit cheques, pension cheques, etc., or dated stubs for each member of your family receiving income from any source.
- If you are a student, a letter from the registrar of your school verifying your registration, as a full-time or part-time student. This is required for household head, spouse and all dependents over the age of eighteen years.

Your completed application must be signed in the presence of a 'Commissioner for Oaths' for Oaths in and for the Province of Alberta, or the province from which application is being made. This service is provided at our office without charge – **by appointment only.**

In order for you to obtain the information we require, your application will be held for two (2) weeks. After two weeks, if the required information is not received, your application will be cancelled.

THIS APPLICATION WILL NOT BE PROCESSED, UNLESS ALL QUESTIONS ARE FULLY ANSWERED, MOST RECENT TAX YEAR'S NOTICE OF ASSESSMENT ENCLOSED, AND IS SIGNED BY A COMMISSIONER FOR OATHS.

# APPLICATION FOR DIRECT RENT SUPPLEMENT

**\*\*CONFIDENTIAL \*\* PLEASE READ CAREFULLY**

I understand that this application does not constitute an agreement on the part of MOUNTAIN VIEW SENIORS' HOUSING, or its agents, to provide me with rental accommodation.

I further acknowledge the right of MOUNTAIN VIEW SENIORS' HOUSING, or its agents at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize MOUNTAIN VIEW SENIORS' HOUSING, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise MOUNTAIN VIEW SENIORS' HOUSING or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Co -Applicant

\_\_\_\_\_  
Signature of Witness

(DOMINION OF CANADA) IN THE MATTER OF THIS APPLICATION FOR DWELLING PROVINCE OF ALBERTA)  
ACCOMMODATION IN THE HOUSING PROJECT.

I/we, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_,  
in the Province of \_\_\_\_\_, do solemnly declare as follows;

1. That I am the applicant named in this application;
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I have resided in Canada for \_\_\_\_\_ years of my life and in the Mountain View District for \_\_\_\_\_ years;  
And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me: \_\_\_\_\_ )  
at the \_\_\_\_\_ of \_\_\_\_\_ ) Signature of Applicant  
in the Province of \_\_\_\_\_ )  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.)  
\_\_\_\_\_  
Signature of Co-Applicant

Commissioner for Oaths Stamp

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of \_\_\_\_\_

\_\_\_\_\_  
Printed name of Commissioner for Oaths

My Appointment expires on \_\_\_\_\_  
Day Month Year

# APPLICATION FOR DIRECT RENT SUPPLEMENT

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If a translator was required to complete this application, please provide their name and telephone number.

Translator's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

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1. **Applicants Name:** \_\_\_\_\_  
(Last name) (First name)

Date of Birth: \_\_\_\_\_

Alberta Health Care No: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. **Co-Applicants Name:** \_\_\_\_\_  
(Last name) (First name)

Date of Birth: \_\_\_\_\_

Alberta Health Care No: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. **Marital Status:**

Married  Widowed  Single  Divorced  Separated  Common-law

If Common-law or Separated, state how long: \_\_\_\_\_

4. **Present Address:**

a. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

b. Street Address: \_\_\_\_\_

\_\_\_\_\_

5. **List all persons;** including yourself who will be living with you should your application be approved

Full Name	Relationship to Applicant	Birthdate Day/Mo./Yr.	Occupation or School Grade

**Is a baby expected?**     Yes    No    If yes, give estimated due date: \_\_\_\_\_

6. **Are all members listed a Canadian Citizen**    Yes    No

If no, please provide a copy of documents validating Canada Immigration status (front and back) (ie: Landed Immigrant, Sponsored Immigrant, Permanent Resident, Refugee, etc.)

7. **Does any member of your household require accommodation adapted for a special need**

(i.e., wheelchair accessibility, etc.) \_\_\_\_\_

8. **Monthly Income - All incomes must be verified prior to acceptance as a tenant.**

NOTE: All information regarding your Family's income must be complete and accurate. Provide details of current employment held in the last twelve (12) months (begin with the most recent employer).

Applicant Name: \_\_\_\_\_ Social Insurance # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employer Name	Address	Employment Date		Hours/Week	Rate of Pay Pay/Hour
		From	To		

When did your spouse last work? Month \_\_\_\_\_ Year \_\_\_\_\_

Co-Applicant or Spouse: \_\_\_\_\_ Social Insurance # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employer Name	Address	Employment Date		Hours/Week	Rate of Pay Pay/Hour
		From	To		

Other Household Member: \_\_\_\_\_ Social Insurance # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employer Name	Address	Employment Date		Hours/Week	Rate of Pay Pay/Hour
		From	To		

Other Household Member: \_\_\_\_\_ Social Insurance # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employer Name	Address	Employment Date		Hours/Week	Rate of Pay Pay/Hour
		From	To		

9. **Have you received any other sources of income in the past twelve (12) months?**  
(Please indicate if Not Applicable – N/A)

Source of Income	Applicant	Co-Applicant	Other Member (Specify)
Student Grants/Allowance/Loan			
Employment Insurance (EI)			
Worker’s Compensation (WCB)			
Income Support / Social Assistance			
Assured Income for the Severely Handicapped (AISH)			
Child Tax Credit			
Universal Child Care Benefits			
Child Support / Alimony			
Other Income (Tips, Interest, Royalties, etc.)			
Income from Self Employment			
Alberta Seniors’ Benefit			
Canada Pension Plan – CPP			
Guaranteed Income Support – GIS			
Old Age Security – OAS			
Other Income: Specify: (ie: private pension, RRIF Withdrawal)			

Details of Self-Employment must be outlined by the submission of a Financial Statement subject to review by Mountain View Seniors’ Housing

10. **ASSETS:** Please list the total value of all assets and investments as well as interest or income derived from investments. Provide statements and tax slips for verification.  
**NOTE:** Essential personal and household effects such as clothes, furniture, etc. are not included in assets.

	Balance/Value
Cash on Hand	_____
Chequing Account	_____
Savings Account	_____
RRSP/RRIF	_____
Tax Free Savings Account	_____
Real Estate/Property	_____
_____	_____

Car – Year/Make/Model: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. **Is your present accommodation a:**  
 House                       Apartment - Elevator    Yes    No             Rooming House    Motel/Hotel  
 Mobile Home                 Other \_\_\_\_\_

12. **Do you own or rent your present accommodation:**    Own    Rent  
 Rent \$ \_\_\_\_\_ per month    Utilities Included    Yes    No  
 Plus \$ \_\_\_\_\_ for heat and \$ \_\_\_\_\_ for light, water and sewer  
 Present value of owned accommodation: \$ \_\_\_\_\_  
 If you do not pay rent, do you contribute financially?    Yes    No  
 If YES, specify \_\_\_\_\_

13. **If renting, name of your present Landlord:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

14. **Do you share with other occupants the use of the kitchen, the bathroom, or your bedroom?**  
 Yes    No  
 If YES, Number of Person(s) sharing the kitchen    \_\_\_\_\_  
 Number of Person(s) sharing the bathroom            \_\_\_\_\_  
 Number of Person(s) sharing the bedroom            \_\_\_\_\_

15. **Number of person(s) sharing your present accommodation:**  
 Adults \_\_\_\_\_ Children \_\_\_\_\_

16. **Rooms in your present accommodation:**  
 Kitchen             Living Room    Dining Room  
 No. of Bathrooms: \_\_\_\_\_  
 No. of Bedrooms: \_\_\_\_\_



17. **Are your shower and/or bathtub, toilet and washbasin all located in your bathroom?**

Yes  No If no, please give details:

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18. **Are your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen?**

Yes  No If no, please give details:

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19. **FOR APPLICANT'S USE**

Other related information you wish to provide. Attach a separate sheet if more space is needed.

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**Mountain View Seniors' Housing**

Admissions Department

#301, 6501 - 51<sup>st</sup> Street

Olds, Alberta T4H 1Y6

Phone: 403-556-2957

Fax: 587-796-0775

Email: admissions@mvsh.ca

***Applicants seen by Appointment Only***

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**Applications will be kept on file for one year. If you wish to remain on the waitlist you must re-apply prior to the one year, or you will be removed from the waitlist.**