

## RENT ASSISTANCE BENEFIT (RAB) PROGRAM

### *Information & Eligibility*

#### 1. **ELIGIBILITY**

##### **a. CITIZENSHIP**

- ☐ Canadian Citizen
- ☐ Permanent Canadian Resident
- ☐ Ukrainian Evacuee
- ☐ Refugee sponsored by the Government of Canada
- ☐ Immigrant or Refugee whose private sponsorship has broken down

##### **b. ASSETS**

- ☐ Have a total household asset value, after exemptions, of less than \$25,000.00
- ☐ The exemptions to asset value are:
  - Equity in one (1) motor vehicle that is not primarily used for recreation
  - Clothing for personal use
  - Furniture, household furnishings, and household appliances for personal use
  - A motor vehicle that is specially adapted to accommodate a disability of a household member
  - Assets in Pension Funds, RDSP (Registered Disability Savings Plans), RESP (Registered Education Savings Plans), RRSP (Registered Retirement Savings Plans), RRIF (Registered Retirement Income Fund), or TFSA (Tax Free Savings Account)
  - Tools, implements, or equipment, including, agricultural equipment and supplies, reference materials, or supplies necessary for the profession, trade, or calling of a household member
  - Any assets of the household that are held by a Trustee in Bankruptcy
  - Payments or refunds from the Governments of Alberta or Canada to compensate for losses or damage including stemming from natural disasters
  - A settlement payment from the Governments of Alberta or Canada
  - A payment or refund designated by the Minister that is received directly or indirectly from the Governments of Alberta or Canada

##### **c. RESIDENCY**

- ☐ While receiving RAB through Mountain View Seniors' Housing (MVSH), recipients must be residents within the boundaries of Mountain View County and/or Kneehill County
- ☐ Applicants are prioritized according to residency as follows:
  - Residents within Mountain View County and/or Kneehill County, or
  - Previous residents of Mountain View County and/or Kneehill County, or
  - Those with immediate family members who are:
    - Residents of Mountain View County and/or Kneehill County
    - Residents of Alberta
    - Residents of Canada

##### **d. INCOME**

- ☐ Unable to find suitable rental housing for less than 30% of household income
- ☐ Annual household income is below the Income Threshold stated by the Government of Alberta: [2025 Housing Income Limits](#)
- ☐ Income Threshold eligibility is calculated in accordance with Legislation to determine Core Housing Needs, and if you meet all other eligibility requirements, our office will calculate this for you.

## 2. DOCUMENTS REQUIRED FOR INCOME VERIFICATION

- ☐ Copy of the previous year's Notice of Assessment showing line 15000 for ALL household members over the age of twenty-two (22)
- ☐ AISH (Assured Income for the Severely Handicapped) Personal Benefits verification
- ☐ T5's for withdrawals from RRSP, RRIF, or Annuity Principal
- ☐ T4E for EI (Employment Insurance) Family Supplement
- ☐ One (1) time payments from the Governments of Alberta or Canada
- ☐ Current bank statements, or balances, from all bank accounts held by the applicant
- ☐ Three (3) months of previous pay stubs *may* be required in certain circumstances
- ☐ Income Support – Personal Benefits Verification

## 3. ADDITIONAL INFORMATION

- ☐ Applicants are required to provide a copy of their current Tenancy Agreement (Lease Agreement)
- ☐ Additional documentation in any of the above categories *may* be required in certain circumstances

## 4. NEXT STEPS

- ☐ Please answer ALL questions on the Application Form. If a question does not apply, then please indicate N/A (not applicable)



**Once you have gathered the required documents,  
please book an appointment with our Housing & Admissions Department:**

**Phone:** (403) 556-2957 ext. 731 OR 708 / **Email:** [admissions@mvsh.ca](mailto:admissions@mvsh.ca)

***\* Applicants are seen by Appointment Only \****

# Rent Assistance Benefit - Application for Eligibility and Prioritization

Application Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/cell: \_\_\_\_\_

How did you hear about the Rent Assistance Benefit Program? \_\_\_\_\_

## 1. HOUSEHOLD COMPOSITION:

### Applicant:

First Name	Last Name	Date of Birth	Age	Gender	Citizenship <i>(Canadian Citizen, permanent resident, sponsored refugee, or Ukrainian evacuee)</i>

### Additional Household Members:

First Name	Last Name	Date of Birth	Age	Gender	Citizenship <i>(Canadian Citizen, permanent resident, sponsored refugee, or Ukrainian evacuee)</i>	Relationship to Applicant

Are any household composition changes expected in the coming year? \_\_\_\_\_ **YES,** \_\_\_\_\_ **NO**

**OPTIONAL:** Does anyone in your household identify as a member of these populations, defined by Ministerial Order #H:025/2022 (Follow-up with your social worker may be required).

- ☐ Physical or developmental disability
- ☐ Veteran
- ☐ Racialized or Indigenous
- ☐ People at risk of homelessness or transitioning out of homelessness supports

- ☐ Fleeing violence
- ☐ Mental health or addiction
- ☐ Diverse sexual orientation, gender identity or expression
- ☐ Recent immigrants and refugees
- ☐ Youth exiting Government care

## 2. CURRENT HOUSING:

Updated: February 6, 2026

Please state your current housing type (ie. house/duplex/apartment/mobile home, legal basement suite, townhouse etc.): \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Municipality: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Does the rent include utilities? \_\_\_\_ **YES**, \_\_\_\_ **NO**

Does this house have its own kitchen & bathroom? \_\_\_\_ **YES**, \_\_\_\_ **NO**

Please state the name of your landlord: \_\_\_\_\_

Is your housing shared with your landlord? \_\_\_\_ **YES**, \_\_\_\_ **NO**

Do you have a written lease agreement? \_\_\_\_ **YES**, \_\_\_\_ **NO** When did you move into this housing? \_\_\_\_\_

Copy of current lease attached? \_\_\_\_ **YES** (Note, this is a mandatory requirement for program eligibility)

### **3. ASSETS:**

This program requires the applicant to declare the total value of all assets and investments owned by their household.

- Personal clothing, furniture, household furnishing, and appliances, and your primary vehicle or a vehicle adapted to accommodate the disability of a household member are **NOT** considered assets.
- Any household assets held by a trustee in bankruptcy, pension funds, payments from the Government of Alberta or Canada, RDSP, RESP, RRSP, TFSA, and RRIF are **NOT** considered assets.
- Any tools, implements or equipment necessary for the profession or trade of a household member are **NOT** considered assets.

Asset Description	Asset Value
Bank accounts (proof of all current bank account balances is required. These MUST include name of bank and name of account holder)	
Real estate (land or buildings) if applicable	
Recreational vehicle(s) if applicable	
Secondary vehicle(s) if applicable (year/make/model)	
Other	

### **4. RESIDENCY:**

\_\_\_\_ **YES**, \_\_\_\_ **NO** Do you currently live in Mountain View or Kneehill County, or one of the municipalities within Mountain View/Kneehill County?

\_\_\_\_ **YES**, \_\_\_\_ **NO** If NO to the question above, have you previously lived in Mountain View/Kneehill County, or one of the municipalities within Mountain View/Kneehill County?

\_\_\_\_ **YES**, \_\_\_\_ **NO** If NO to the questions above, do you have immediate family members who currently are:

- ☐ Residents of Mountain View/Kneehill County? or,
- ☐ Residents of Alberta? or,
- ☐ Residents of Canada?

Updated: February 6, 2026

## 5. INCOME VERIFICATION:

Household income must be below the threshold for the municipality in which the household makes the application.

Please provide the following year's Notice of Assessment showing line 15000 for ALL household members over the age of twenty-two (22):

	Applicant	Household Member #2	Household Member #3	Household Member #4
<b>Year of NOA</b>				
<b>Line 15000</b>				
<b>Deduct:</b>				
AISH personal benefits				
T5's for withdrawals from RRSP, RRIF, or annuity principal (under 65 only)				
T4E for EI (Employment Insurance Family Supplement)				
One (1) time government payments				
Income support (supplementary benefits verification)				
<b>Total Income</b>				
<b>Total Annual Household Income</b>				

## 6. IMPACT: (optional to complete)

Please describe any positive impact that being approved for the Rent Assistance Benefit would have on the household (ie. health, safety, personal well-being, etc.) \_\_\_\_\_

Applicants are considered in core housing need if suitable accommodation costs more than 30% of the household's total income.

FOR OFFICE USE ONLY

Social Insurance Number	
Total Annual Household Income	
Total Monthly Household Income	
30% of Monthly Income	
Lesser of Actual Rent or Market rent for Suitable Housing based on household composition	

## 7. APPLICANT'S DECLARATION AND CONSENT:

- All household members 18 years and older must sign this application. Applications without all of the signatures cannot be processed.

- b. I/we understand that this personal information is being collected under the authority of the Access to Information Act and the Protection of Privacy Act in order to administer social housing programs. Questions regarding the collection of personal information can be directed to the Privacy Administrator for Mountain View Seniors' Housing 403-556-2957.
- c. I/we understand that:
- i. Failing to respond to requests for additional information may result in the application being cancelled.
  - ii. Providing false information to MVSH may result in the application being cancelled or the applicant no longer being eligible for the program.
  - iii. MVSH may require additional information to ensure the applicant's information is current, and that they are still eligible for the benefit.
  - iv. It is the applicant's responsibility to keep MVSH updated regarding any change to the circumstances of the household, including but not limited to changes in contact information, address, household composition or income.

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*Signature of Primary Applicant*

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*Signature of Witness*

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*Signature of Co-Applicant*

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*Signature of Witness*

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*Signature of Co-Applicant*

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*Signature of Witness*

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*Signature of Co-Applicant*

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*Signature of Witness*

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*Signature of Co-Applicant*

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*Signature of Witness*