



RENTAL HOUSING ALLOWANCE FOR FAMILIES APPLICATION FORM

FOR OFFICE USE ONLY

Date of Request: _____
YYYY-MM-DD

Client #: _____ Date Received: _____

Yukon Resident: Yes No

PROGRAM ELIGIBILITY REQUIREMENTS

You may be eligible for the Rental Housing Allowance for Families Program if you meet the following eligibility requirements:

- Are a resident of Yukon?
- Are currently renting or looking to rent a modest private market rental home or apartment?
- Have at least one dependent in the home as defined by the Canada Revenue Agency (please see definition in the 'Dependent Information' section of this form).
- Fall below the established income threshold for the community in which you live (up to 80% if median household income in most recent Statistics Canada Census).
- Are paying more than 30% of gross household income on total housing expenses (rent and utilities).
- Do not own assets that exceed \$100,000.
- Do not have arrears with Yukon Housing Corporation (If you have arrears, you must pay them in full before you will be approved for this program).
- Have one employed adult in the household.

1. PERSONAL INFORMATION

Applicant 1

First name: _____

Last name: _____

Date of birth (YYYY-MM-DD): _____

Gender: Female Male

Applicant 2

First name: _____

Last name: _____

Date of birth (YYYY-MM-DD): _____

Gender: Female Male

Relationship to applicant:

Spouse Common-law Sibling Other (non-relative)

Parent Adult child Other (relative)

Dependent Information (children or other dependents):

A dependent is a parent or grandparent by blood, marriage, common-law partnership, or adoption if they are financially dependent on you and live with you; or your child, grandchild, brother, or sister by blood, marriage, common-law partnership, or adoption and either under 18 years of age, or mentally or physically impaired.

Last Name	First Name	Birthdate	Gender	Relationship to Applicant(s)

2. GIVE YOUR CONTACT INFORMATION

Street address to where you are applying for subsidy (street number, street name, P.O. Box):

City/Town/Community: _____ Postal code: _____

Phone number: Home _____ Work _____ Cell _____

E-mail (optional): _____

Current mailing address – if different than above (street number, street name, P.O. Box):

City/Town/Community: _____ Postal code: _____

3. RENTAL PROPERTY INFORMATION

In order to calculate your benefit, it is essential for us to know how much rent you pay each month, and whether the amount includes heating or electricity costs.

Current monthly rent: \$ _____

Does this include any utilities? Heat Electricity Hot Water

If NO, provide an estimate of total household monthly utilities cost: \$ _____

How many bedrooms are in the home? _____

4. HOUSEHOLD FINANCIAL INFORMATION

Please estimate the total household annual income for each applicant (before taxes, use previous year's Notice of Assessment):

Applicant 1: \$ _____ Currently employed? Yes No

Applicant 2: \$ _____ Currently employed? Yes No

Please list all assets held by all applicants:

Type of Asset	Name of applicant who owns the asset	Value (in Canadian \$) of asset
Bank Accounts		
Bonds/Stocks/Shares		
Real Estate		
Tax Free Savings Account		
RRSP		
Vehicles		
Other		

5. READ THE DECLARATION AND CONSENT

I certify and declare that all the information contained in this application, including income, is complete and accurate in every respect. I am aware that the discovery of any false statements made in the application may result in the cancellation of this application and I agree that such action by Yukon Housing Corporation (YHC) will be without penalty or liabilities for damages.

I give permission to YHC, or authorized representatives to use and disclose any of the facts given in this application for any of these reasons:

- To collect any amount owing to YHC;
- To confirm eligibility for program funding;
- For research purposes to assess the effectiveness of the program; and
- For audit purposes.

I understand that this application does not obligate YHC to approve program funding.

Your personal information is being collected for the purpose of determining eligibility for funding from the Yukon Housing Corporation/Yukon government for the purposes of facilitating affordable rental housing per the terms of the specific funding program. Information collected on this form will be managed in accordance with the *Access to Information and Protection of Privacy Act*.

For further information, please call our toll-free number at 1-800-661-0408, extension 5759 or visit Yukon Housing at 410 Jarvis St., Whitehorse, Yukon.

6. SIGN THE APPLICATION

Name (Please print): _____

Applicant Signature

Date

Name (Please print): _____

Applicant Signature

Date

7. ATTACH DOCUMENTS TO SUPPORT YOUR APPLICATION

Please send the following documents to our office so that we may assess your eligibility for the Rental Housing Allowances for Families grant. Incomplete or missing documents will delay your eligibility assessment.

- Proof of income: current Notice of Assessment for each applicant (adults).
- Tenancy agreement that stipulates the address of the unit, the name(s) of the leaseholders, the monthly rent amount AND whether this includes any utilities.
- If the unit does not include utilities, please provide a current electric or fuel bill.
- Rental Receipt (last month).
- Verification of employment for one adult listed on application (forms available at www.housing.yk.ca)

8. RETURN FORM TO US

Please submit a completed application form to Yukon Housing Corporation by using either of the following methods:

1. Mailing Address:

Yukon Housing Corporation, 410 Jarvis St.
Whitehorse, YT Y1A 2H5

2. Fax number:

Whitehorse (867) 393-6386

This information is being collected for the purpose of determining program eligibility and may be used of statistical purposes. If you have any questions about why we are collecting this information please contact Yukon Housing Corporation at (867) 667-5712.

FOR STAFF USE ONLY

Application for Housing Allowance is:

- Approved
- Amount of eligible monthly allowance:
 - \$100
 - \$200
 - \$300
 - \$400
 - \$500
 - \$600
- Letter of approval sent

YHC Employee Signature

Position

Date

Declined

Reasons: _____

Declined letter sent

YHC Employee Signature

Position

Date