



BC Housing

Application Shelter Aid for Elderly Renters (SAFER)

This application is designed to collect specific information from applicants seeking SAFER benefits in accordance with Section 26c of the Freedom of Information and Protection of Privacy Act (the FOI Act)

Personal Information (Please Print)

Office Use Only

LINK# _____
Effective Date _____

Social Insurance Number	Date of Birth: Year/Month/Day	Age		
Last Name		First Name & Initial	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
			<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.
Mailing Address (suite, street number, PO box, RR #, street name, city, BC postal code)				
Residential Address (complete only if different from mailing address listed above)				
Home Phone #			Alternate Message Phone (optional)	
Contact Person (optional)			Contact Phone #	

Please check any of the following that apply:

1. <input type="checkbox"/> Living alone	2. <input type="checkbox"/> Living with a spouse or common-law partner	3. <input type="checkbox"/> Sharing with another adult
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Please list all persons living with you. (Attach a separate page if needed.)

Name	Date of Birth	Social Insurance Number
1.		
2.		

Residency Information (Please Print)

Have you lived in British Columbia for the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
When did you move to British Columbia?	_____		
How long have you lived at your current address?	_____		
If you have lived at your current address for less than 12 months, please list your previous British Columbia addresses for the last 12 months.			
Street Address	City / Town	From Date	To Date
Have you lived in Canada for a continuous 10-year period as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

For information about eligibility, please refer to the SAFER brochure, or visit our website at www.bchousing.org. For assistance in completing this form, contact BC Housing at 604-433-2218 or 1-800-257-7756 outside the Lower Mainland.

Rent Information

Your current monthly rent: \$_____ (Do not include hydro, cable or parking in rent amount.)

Is your monthly charge subsidized? Yes

Does your rent include heat? Yes No

Please check any of the following, if they apply to you:

I live in:

Room and Board Total Monthly Charge \$_____

Residential / Long Term Care Total Monthly Charge \$_____
Daily Rate \$_____

Supported or Assisted Living Total Monthly Charge \$_____
No

Housing Co-operative

Trailer or mobile home Own Rent Rent Amount \$_____

Do you pay pad rental? Yes No Pad Rent Amount \$_____

Please print your Landlord's name and phone number.

Name: _____

Phone: _____

Income Information

Please list all **current** sources of income, including income from non-taxable sources. Income includes, but is not limited to:

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Canada Pension Plan (CPP)
- Employment
- Employment Insurance
- Company Pension Plan (e.g. Superannuation)
- Personal Pension Plan Benefits (RRSP, RRIF)
- Foreign Pensions not declared on tax return (in Canadian Funds)
- Foreign Pensions declared on tax return
- Spousal Support / Alimony
- Self Employment or Business Income
- Interest Income or Dividends
- Rental Income (attach schedule from tax return)
- Disability Pension from Veterans Affairs Canada
- Disabled Veterans Allowance (DVA)
- War Veterans Allowance (WVA)
- Income Assistance

All income, including non-taxable sources must be declared.	Applicant	Spouse
Income Source: Include all income sources for both applicant and spouse. Attach a separate page if required.	Gross Monthly Amount	Gross Monthly Amount

If you are you receiving a Disability Pension from Veteran's Affairs Canada, does it include an Attendant Care Allowance? Yes No If yes: Amount: \$_____

If you have retired in the last 12 months, please enter date of retirement: _____

Application Checklist

Before sending in your application, please review the following checklists to ensure that all required information is included to assist with timely processing of your application.

Applicants (or their spouse) who are age 60 to 64:

Please attach copies of ALL of the following documents:

- Proof of Income** Income Tax Notice of Assessment **AND** detailed Income Tax return; and
 Proof of CURRENT gross monthly income, from all sources (copies of cheques, cheque stubs, bank statement showing direct deposit, T-slips or other income statement).
 If you (or your spouse) have income from self employment or business income, attach Statement of Income and Expenses from Income Tax return.

Proof of Age Birth or Baptismal Certificate, Driver's License, or Passport.

Proof of Rent Current Rent Receipt, copy of recent Rent Increase Notice, or copy of your Lease or Tenancy Agreement.

If you are unable to provide ONE of the above as proof of rent, please have your Landlord, Building Manager or Building Owner complete the **Landlord Declaration** section below.

Bank Information Blank cheque marked "VOID" for direct deposit.

Applicants (or their spouse) who are age 65 or over:

Please attach copies of ALL of the following documents:

Proof of Rent Current Rent Receipt, copy of recent Rent Increase Notice, or copy of your Lease or Tenancy Agreement.

If you are unable to provide ONE of the above, as proof of rent, please have your Landlord, Building Manager or Building Owner complete the **Landlord Declaration** section below

Bank Information Blank cheque marked "VOID" for direct deposit.

If you are **NOT** receiving Guaranteed Income Supplement (GIS), the SAFER office will require **Proof of Income**. If this applies to you, please attach copies of:

- Income Tax Notice of Assessment **AND** detailed Income Tax return; and
 Proof of CURRENT gross monthly income, from all sources (copies of cheques, cheque stubs, bank statement showing direct deposit, T-slips or other income statement).
 If you (or your spouse) have income from self employment or business income, attach Statement of Income and Expenses from Income Tax return.

Landlord Declaration

I confirm the Rent (Room and Board) amount shown in the Rent Information section is correct as shown:

Landlord / Building Manager Name (Print)

(Signature)

Phone #

Other Important Information

Signature: Please **sign** the declaration on the last page of this application. Unsigned applications will be returned for signature before they can be processed.

Notification: Once your application has been processed, notification will be sent by mail.

Changes: It is important that you notify the SAFER office if there is any change to your income, the number of people living with you, or if you receive a rent increase or if you move.

Declaration

The information you give will be kept confidential.

The *Freedom of Information and Protection of Privacy Act* covers the collection, use and disclosure of personal information in BC Housing's files. If you have questions about BC Housing's use of your information, please contact BC Housing, Manager, Administrative Services, #601 – 4555 Kingsway, Burnaby, BC, V5H 4V8. Phone: 604-433-2218 or 1-800-257-7756.

1. I declare:

- This is my/our application.
- All the information in it is true and complete to the best of my/our knowledge and belief.

2. 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 SAFER.

3. I/We hereby request and authorize:

- Canada Revenue Agency (CRA);
- Human Resources Development Canada – Income Security Programs;
- Veteran's Affairs Canada;
- BC Ministry responsible for income assistance; and
- Any other agency providing me/us with a source of income

to release to an authorized representative of BC Housing relevant documents and information on my/our net and gross income and any earned income, including;

- Income tax returns; and
- Applications for Guaranteed Income Supplement, Spouse's Allowance

4. I/We acknowledge and agree that:

- BC Housing will audit some SAFER applications and subsidies may be adjusted if the audit reveals errors or omissions in any information.
- This consent is in effect for two taxation years prior to and including the year of signature, and each consecutive year that I/we continue to receive subsidy from the SAFER program.
- It is my/our responsibility to immediately inform BC Housing of any changes in my/our address, rent, income, marital status, family size, or people sharing my/our accommodation so that my/our subsidy can be adjusted accordingly.
- Failure to report these changes may result in an overpayment, which I/we may be required to repay.

Signature of Applicant	Date
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Signature of Spouse (if applicable)	Date
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Have you granted Power of Attorney to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach Power of Attorney papers
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Please mail your application to:

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

SAFER Direct Deposit Request

Please complete this form in order for your subsidy to be directly deposited into your bank account. Your monthly payment will then be deposited into your bank account on the last working day of each month.

Please attach a blank cheque with "**VOID**" written across the face of the cheque. The cheque will provide BC Housing with the required bank, transit and account numbers we need for processing automatic payments to your account.

If you do not have a chequing account then have your bank complete the information below:

The following information must be completed **by your bank** if you are not attaching a void cheque:

Transit Number	Bank Number	Account Number

Bank's Stamp:

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Name of Applicant	Social Insurance Number
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Signature of Applicant	Date
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Please return to:
SAFER Department
BC Housing
#101 – 4555 Kingsway, Burnaby, BC V5H 4V8

All information supplied on these forms will be kept confidential