



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 (FIPPA).

## Personal Information (Please Print)

### Office Use Only

Social Insurance Number	Date of Birth: Year/Month/Day	Age
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LINK# \_\_\_\_\_  
Effective Date \_\_\_\_\_

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)
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Contact Person (optional)	Contact Phone #
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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?  Yes  No

How long have you lived in Canada? \_\_\_\_\_ When did you move to B.C.? \_\_\_\_\_

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

What is your Status in Canada? Please provide proof.	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Refugee
	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Refugee Claimant
	<input type="checkbox"/> Other _____	

Do you or anyone in your household identify as being an Aboriginal person of Canada?  Yes  No

If yes, please select the options that best describe your Aboriginal identity.

First Nations  Métis  Inuit  Other

For information about eligibility, please refer to the SAFER brochure, or visit our website at [www.bchousing.org](http://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  No

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 \$\_\_\_\_\_

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

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

If you are receiving a Disability Pension from Veterans 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: \_\_\_\_\_

# 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, Director, Business Support Services, #1701 – 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
- Veterans 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.

<b>Signature of Applicant</b>	<b>Date</b>
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<b>Signature of Spouse (if applicable)</b>	<b>Date</b>
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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**

## Application Checklist

Before sending in your application, please review the following checklist 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 or, have your bank provide you with a Preauthorized Debit Form.

### 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 or, have your bank provide you with a Preauthorized Debit Form.

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 reverse of this page. 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, if you receive a rent increase or if you move.

# 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 <b>by your bank</b> if you are not attaching a void cheque:		
Transit Number	Bank Number	Account Number

<b>Bank's Stamp:</b>

Name of Applicant	Social Insurance Number

Signature of Applicant	Date



**Please return to:**  
**SAFER Department**  
**BC Housing**  
**#101 – 4555 Kingsway, Burnaby, BC V5H 4V8**

*All information supplied on these forms will be kept confidential.*



BC Housing

File # \_\_\_\_\_

## Shelter Aid for Elderly Renters Income Verification Request

To determine eligibility for the Shelter Aid for Elderly Renters (SAFER) program, income information from your income tax return(s) is required.

You may give the Canada Revenue Agency permission to provide the required information or you may provide it to BC Housing yourself.

**You must select either Option 1 or Option 2 by marking the appropriate check box below.**

<b>Check Box</b>	<b>Option 1: Consent Granted</b>
<p><b>I/We hereby consent</b> 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.</p> <p>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/subsidy.</p> <p>I/we understand that if I/we wish to withdraw this consent, I/we may do so at any time by writing to:</p> <p style="text-align: center;">Manager, Applicant Services BC Housing 1701-4555 Kingsway Burnaby, BC V5H 4V8.</p>	

<b>Check Box</b>	<b>Option 2: Consent not granted</b>
<p><b>I/We do not give consent</b> 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/subsidy.</p> <p>I/We have attached the following proof:</p> <ul style="list-style-type: none"> <li>○ Copy of Notice of Assessment for the last filed tax year.</li> <li>○ Copy of detailed Income Tax Return for the last filed tax year.</li> <li>○ 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).</li> </ul> <p><b>NOTE:</b> If you are not able to locate your Income Tax Return or Notice of Assessment, please contact the Canada Revenue Agency at 1-800-959-8281 or 1-800-959-2221 and request a "Detailed Notice of Assessment" or "Option C" print out.</p>	

**Please check the box beside either Option 1 or Option 2.  
DO NOT CHECK MORE THAN ONE BOX.**

**Applicant:**

Print Name	Birth Date (y/m/d )	Social Insurance Number	Signature	Date
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**Spouse:**

Print Name	Birth Date (y/m/d )	Social Insurance Number	Signature	Date
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**Mail completed form to:** SAFER, 101 – 4555 Kingsway, Burnaby, BC, V5H 4V8  
Or

**Fax completed form to:** 604-439-4729

If you have any questions, please call the SAFER office at  
604-433-2218 or 1-800-257-7756 toll-free outside the Lower Mainland