

# Shelter Aid for Elderly Renters (SAFER) Application Form

**Submit completed application with supporting documents to:**

Shelter Aid for Elderly Renters  
101 – 4555 Kingsway  
Burnaby, BC V5H 4V8

**PLEASE:**

Print clearly.

Do NOT include original documents (we require photocopies only).

Do NOT use staples.

**Avoid Processing Delays:**

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed, and dated
- Include proof of income, age and rent
- Include bank information for Direct Deposit

Applications submitted without required supporting documents can be held for a maximum of 90 days.

The Shelter Aid for Elderly Renters (SAFER) program helps make rents more affordable for BC seniors with low to moderate incomes. SAFER provides monthly cash payments to eligible BC residents who are age 60 or over and who pay rent for their homes.

**Who is eligible?**

You may be eligible for SAFER if you meet **all** of the following conditions:

1. You are age 60 or older.
2. You or your spouse (if applicable) have lived in British Columbia for the full 12 months immediately preceding your application.
3. You and your spouse (if applicable) are one of the following: Canadian citizen(s); or authorized to take up permanent residence in Canada; or Convention refugee(s).
4. You pay more than 30% of your gross (before tax) monthly household income towards the rent for your home (or for the cost of pad rental for a manufactured home (trailer) that you own and occupy).
5. Your gross (before tax) monthly household income does not exceed the maximum allowable income. Maximum income varies based on household size and location in the province.
6. You do not receive income assistance through the B.C. Employment and Assistance Act or the Employment and Assistance for Persons with Disabilities Act (excluding Medical Services only).

For more information on eligibility, please see the SAFER brochure (online at [www.bchousing.org](http://www.bchousing.org)) or call the SAFER office at 604 433-2218 (or toll-free at 1-800 257-7756).

**Benefit Effective Date:**

The Benefit is effective the latter of:

- ➔ The first day of the month in which your application is received by our office; or
- ➔ The first day of the month in which you are deemed eligible for SAFER.

The Benefit is a non-taxable reimbursement for rent already paid, and is paid at the end of each month.



#### 4. Residency Information

4a. Have you lived in B.C. for the past twelve months?  Yes  No

If no, when did you move to BC? \_\_\_\_\_

How long have you lived in Canada? \_\_\_\_\_

4b. Please list your address(es) for the last 12 months:

Address(es)	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Landlord Name	Landlord Phone #
Current address				

4c. If you or your spouse were not born in Canada, please complete the following:

Name	Date moved to Canada (dd/mm/yyyy)	Current status in Canada	Sponsored Immigrants Only	
			Name of Sponsor	End Date of Sponsorship Agreement

#### 5. Household Information - Check all options that apply

<input type="checkbox"/> Living Alone	<input type="checkbox"/> Living with a spouse or common-law partner
<input type="checkbox"/> Sharing with another adult(s)	<input type="checkbox"/> Other, describe:

5a. List all other persons who are living with you. (if required attach additional names on a separate sheet)

Last Name	Given Names	Relationship to Applicant	Birth Date* (dd/mm/yyyy)	Age	Sex* (M/F)

\*Birth Date and Sex not required for children age 25 or older or any other adult(s) living in the household.

5b. (Optional) Do you or anyone in your household identify as being an Aboriginal person of Canada?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes,</b> please select the option(s) that best describes your Aboriginal identity:
<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other

## 6. Contact Information

Home Phone # ( ) -	Work Phone # ( ) -
Cell Phone # ( ) -	Email
<b>Optional:</b> Name of person we can leave messages with	Message person phone number ( ) -
Have you granted Power of Attorney (POA) to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Power of Attorney Name ( ) -
<b>Optional:</b> Authorized Contact* name and relationship to you	Authorized Contact phone number ( ) -

\*By providing an authorized contact, you are giving permission for BC Housing to exchange information with that authorized contact in order to maintain and update your SAFER file. To remove an authorized contact, please contact BC Housing.

## 7. Residential Address

Apt #	Street #	Street Name		
City		<b>B.C.</b>	Postal Code	

**7a. Mailing Address** \*Mail is sent to the residential address, with the exception of rural areas with no mail delivery.

Apt #	Street #	Street Name		
City		<b>B.C.</b>	Postal Code	

## 7b. Landlord Information

Landlord Name	Landlord Phone
Landlord Address	

## 8. Rent Information

<b>8a. Do you:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Life Lease <input type="checkbox"/> Rent-to-own
<b>How much is your rent?</b> \$ _____ (Do not include hydro, cable or parking in rent amount)
Is this: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Nightly/Daily
Does your rent include heat? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your rent subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your rent include meals? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many meals per day? _____
Do you share a kitchen or bathroom with another tenant or your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No

## 8b. Check all of the following that apply:

<input type="checkbox"/> I live in a self contained unit (apartment, house, townhouse)	<input type="checkbox"/> I live with family or friends (other than spouse/common law partner)
<input type="checkbox"/> I live in a self contained basement suite	<input type="checkbox"/> I live in a Housing Co-operative
<input type="checkbox"/> I live in a Manufactured/Trailer/Mobile home	<input type="checkbox"/> I live in a Hotel/Motel
<input type="checkbox"/> Other (describe) _____	
If you live in a manufactured/trailer/mobile home, do you? <input type="checkbox"/> Own <input type="checkbox"/> Rent Trailer Rent \$ _____	
Do you pay pad rental? <input type="checkbox"/> Yes <input type="checkbox"/> No Pad Rent \$ _____	

## 9. Income Information

9a. Have any income sources reported on your tax return stopped or permanently decreased?  Yes  No

If yes, please describe: \_\_\_\_\_

9b. Did you stop working in the last 24 months?  Yes  No

If yes, when did you last work? (Month/Year) \_\_\_\_\_

9c. Do you plan to seek employment in the next year?  Yes  No

9d. Have you (or your spouse) received income assistance from the Ministry of Social Development and Social Innovation (MSDSI) in the past 24 months?  Yes  No

If yes, when was the last payment received? (Month/Year) \_\_\_\_\_

9e. Did you receive any income in the last year that does not appear on your tax return (family support, on-reserve employment, foreign pensions, etc)?  Yes  No

If yes, please describe and attach supporting documentation: \_\_\_\_\_

9f. Do you have any income from self employment?  Yes  No

If yes, please attach a Statement of Income and Expenses from last year's Income Tax return and all related worksheets (T2125)

9g. Current Monthly Income (for both applicant and spouse, if applicable)

List all current Income Sources including any regular ongoing funds received from non-taxable Sources: (Employment, Employment Insurance, Pensions both Foreign and Domestic, Support Income, On-Reserve Employment, Seasonal Employment, Family Support, and all other sources)	APPLICANT	SPOUSE
Old Age Security, Guaranteed Income Supplement, and Allowance for the Survivor (if applicable)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

→ Note: See attached checklist for details of acceptable proof of income.

### NOTE:

Proof of income must be provided before this application can be processed. Please attach:

- Income Tax Information, either consent for release of tax information from Canada Revenue Agency (CRA); or Copies of last year's Income Tax Notice of Assessment AND detailed Income Tax return; and
- If self employed, statement of Income and Expenses from last year's Income Tax return and related worksheets (form T2125); and
- If you declared bankruptcy in the last two years, both the pre and post bankruptcy returns; and
- If any income reported on your tax return have stopped or permanently decreased, proof of current income from all sources; and
- Proof of any non taxable income.

Please review the checklist on the last page of this application for details.

**Purpose of this form:**

This form collects specific information from applicants (the person(s) filling out the form) to determine eligibility for assistance through the Shelter Aid for Elderly Renters (SAFER) program. The information is collected in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your information, please call 604-433-1711 and ask to speak to BC Housing’s Privacy Officer or write to 4555 Kingsway, Burnaby, BC, V5H 4V8

**10. Declaration and Consent**

**PLEASE READ AND SIGN**

**I /We declare:**

- This is my/our application and all the information in it is true, correct and complete in every respect; fully discloses my/our income from all sources; and accurately represents my current living circumstances.

**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 benefits under the Shelter Aid For Elderly Renters Program.

**I/We acknowledge and understand that:**

- It is my/our responsibility to promptly provide, or cause to be provided, all information and documentation that is reasonably requested by BC Housing to determine my/our eligibility for benefits and/or for audit purposes. I/we are responsible to immediately inform BC Housing of any changes in my/our address, rent, marital status, family size, or the people sharing my/our accommodation so that my/our benefit can be adjusted accordingly.
- Failure to report changes in my/our address or household composition may result in an interruption or suspension of benefits and may also result in an overpayment, which I/we will be required to repay
- Failure to report if I/we begin to receive income assistance through the Ministry of Social Development and Social Innovation will result in an overpayment of benefits which I/we will be required to repay.
- Benefits paid under this agreement is a reimbursement of actual rent paid and if I/we fail to pay the full rental amount BC Housing may immediately stop payment of benefits and I/we agree to return to BC Housing all benefits paid for periods in which the full rental amount was not paid.
- BC Housing will audit some Shelter Aid For Elderly Renters Program applications and benefits may be adjusted if the audit reveals errors or omissions in any information.
- Misrepresentation of the information provided, in writing or by omission, may result in recovery of benefits in addition to any other remedies available in law or equity.
- This 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 benefit from the Shelter Aid For Elderly Renters Program.
- If I/we wish to withdraw, I/we may do so at any time in writing to BC Housing, however withdrawal will result in my/our being ineligible for assistance through the Shelter Aid For Elderly Renters Program.

Signature of Applicant	Date	Signature of Spouse (if applicable)	Date
------------------------	------	-------------------------------------	------

**Next Steps**

- 1. Sign & Date Application:**
- 2. Attach Supporting Documents:** (Do not send original documents)  
Review the attached checklist for more information on supporting documents.
- 3. Submit Application**  
Shelter Aid for Elderly Renters, 101 – 4555 Kingsway, Burnaby, BC V5H 4V8

**NOTE:** The most common cause of processing delays is missing documentation. Applications submitted without all required supporting documents can be held for a maximum of 90 days.



# Shelter Aid for Elderly Renters (SAFER) - Application Checklist

Incomplete applications **will experience processing delays**. Before submitting your application form please review the following to make sure that all required information is included.

- Applications are effective the latter of the month in which they are received by the Shelter Aid for Elderly Renters program or the month in which an applicant is deemed eligible.
- Incomplete applications will experience processing delays and can be held for up to 90 days to allow time to gather and submit missing documentation.
- After 90 days, incomplete applications will be cancelled and the applicant will be required to complete a new application. The effective date will be adjusted to the month in which the new application is received.

## **Do NOT include original documents (we require photocopies only)**

### **Identification and Residency** (Required for applicant and spouse, if applicable)

If you are receiving Old Age Security, attach a copy of one of the following:

- Birth or baptismal certificate, Passport, Drivers License or a BC ID Card.

If you are not in receipt of Old Age Security, please attach:

- If born in Canada, Copy of Canadian birth or baptismal certificate, or Passport
- If not born in Canada, documentation showing date of birth as well as your status in Canada and that you are not under private sponsorship. For more information, please call 604 433-2218 or toll free at 1-800 257-7756.

### **Power Of Attorney** (if applicable)

- Attach Power of Attorney authorizing documents

### **Direct Deposit**

- Attach a personalized blank cheque marked VOID to the application form; or
- Attach a Preauthorized Debit Form provided by your financial institution; or
- Have your financial institution complete the SAFER Direct Deposit section of this application.

### **Proof of Rent**

- Rent Receipt showing address, rent amount, date and landlord name; or
- Copy of recent Rent Increase Notice; or
- Copy of Lease or Tenancy Agreement (if signed within the past 12 months); or
- Have your landlord complete the Proof of Rent - Landlord Declaration section of this application.

### **Income Tax Information** (Required for applicant and spouse, if applicable).

- Provide consent for release of tax information from Canada Revenue Agency (CRA) on page 2 of this application; or
- Provide copies of last year's Income Tax Notice of Assessment **AND** detailed Income Tax return (include all pages); or T-slips from all income sources.

**Note:** If you are not able to find your Income Tax Return or Notice of Assessment another option is to submit a Proof of Income Statement (Option C print) from Canada Revenue Agency (CRA). This can be obtained by either logging into your CRA My Account at [www.cra.gc.ca/myaccount](http://www.cra.gc.ca/myaccount) and printing your assessment or calling CRA at 1-800 959-8281 to request an Option C print.

**Note:** If **bankruptcy** was declared within the last two taxation years, provide copies of the Income Tax Notices of Assessment and detailed Income Tax returns for both the pre and post bankruptcy.

### **Proof of self employment** (If applicable)

If last year's annual income included income from **self employment**, attach:

- Statement of Income and Expenses from last year's Income Tax return and all related worksheets (form T2125)

### **Proof of Current Income** (If applicable)

If any income reported on your tax return have stopped or permanently decreased, attach:

- Proof of **CURRENT** gross monthly income, from all sources (cheque stubs, letter from employer bank statements showing direct deposits or other income statement).

**For assistance call 604 433-2218 or toll free at 1-800 257-7756 from outside the Lower Mainland.**