

ABOUT THE CANADA HOUSING BENEFIT



The Canada Housing Benefit (CHB) is a short-term benefit of up to 3 years. It is designed to help New Brunswick families with children who work part-time or in lower-paying jobs and are struggling to afford rent. Families with children have additional costs related to shelter, food, clothing, child care, and transportation. These costs can prevent a parent from working more hours or looking for new employment opportunities. This new benefit provides short-term rental assistance which is intended to help participants overcome these additional costs and increase their earned income.

It is expected that applicants will try to replace the benefit amount with additional employment income by the end of the 3-year period.

The CHB is not for everyone. The CHB is only one of the supports available to assist New Brunswickers to achieve greater independence and meet basic needs. If you do not meet the eligibility criteria below you may qualify for other supports provided by the Department of Social Development including social assistance, rent supplements, public housing, disability and long term supports.

Please visit the Social Development website for more information:

https://www2.gnb.ca/content/gnb/en/departments/social_development.html

ELIGIBILITY

This new benefit might be for you if you answer 'yes' to all these conditions:

- You rent the place where you live.
- You do not receive a housing subsidy from Social Development.
- You live in New Brunswick.
- You have primary custody of minor child(ren) under 19 years of age or dependent(s) with a disability 19 years of age or older.
- You are working, and your before tax household employment income is at least \$14,200 per year (*you may also be eligible if you did not work for the entire year, see below section Proof of Income*).
Note: *This is the combined before tax employment income of all adults over 19 years of age living in the home.*
- You have a before tax household employment income of \$38,000 or less.
Note: *This is the combined before tax employment income of all adults over 19 years of age living in the home.*
- Your income is reported to Canada Revenue Agency.
- You are the only person in your household applying for this benefit.

This benefit is not for you if you answer 'yes' to any of these conditions:

- You own your own home.
- You receive another housing benefit (subsidized housing, rent supplement).
- You do not have children or dependent(s) with a disability 19 years of age or older.
- You have a before tax household employment income of \$38,001 or more.
- You have someone else in your household applying for or receiving this benefit.

SUBMISSION OPTIONS

Online:

If you have access to internet and an email account, the Department of Social Development provides the option of applying for this benefit online.

Mail-In Option:

If you do not have access to the Internet or an email account, you can mail the completed application and all required support documentation to:

Department of Social Development
Attn: Canada Housing Benefit
551 King St.
Sartain MacDonald Building
PO Box 6000
Fredericton, NB E3B 5H1

Please allow for additional processing time if choosing main-in option to submit your application.

Canadian Housing Benefit Application Form



CHECKLIST

What you will need to complete this application?

Please review and gather copies of all required supporting documentation before you begin. This checklist is to assist you in making sure you have all the information required to submit your application. Applications will not be processed until a complete application package is received. Provide copies of the following documents:

Current Proof of Income

To qualify for the CHB, your **Total Household Income** needs to be verified as well as your **Employment Income**. To verify this information, you must provide a copy of your most recent Notice of Assessment. This document tells us your Total Household Income.

Note: You can download a copy of your Notice of Assessment online at CRA My Account from Canada Revenue Agency (CRA) for every adult (over 19 years old) in your household. This can be obtained by either logging into your CRA MyAccount ([My Account for Individuals - Canada.ca](https://www.cra.gc.ca/my-account)) or calling the CRA Line at 1-800-267-6999.

If you have not filed your taxes, then please follow the link below to find a free tax clinic near you:

<https://www.canada.ca/en/revenue-agency/services/tax/individuals/community-volunteer-income-tax-program/need-a-hand-complete-your-tax-return.html>

AND

One of the following options – *These documents tell us your current Employment Income.*

Option 1	Option 2 (New Job – you do not have 4 paystubs yet)
<p>Paystubs – A minimum of 4 weeks' worth of paystubs or a year-to-date paystub. If weekly paystubs are being provided, then paystubs must be current and for back-to-back weeks. Paystubs must show your name, employer's name and address, and which pay periods are covered.</p> <p>Note: If you worked more than one job, please provide paystubs for each.</p>	<p>Letter from Employer – If you do not receive pay stubs, send us a letter from your employer stating:</p> <ul style="list-style-type: none">• the date you were hired• your gross annual income including any overtime pay or bonuses, or rate of pay• hours scheduled to work each week• gross monthly salary <p>Note: This letter must be recently dated (within 30 days of application) and contain the contact information and be signed by your employer.</p>

Rental Information

Applicant only needs to provide one of the following:

Signed Copy of Lease Agreement

OR

Signed Rental Declaration Form

<https://www2.gnb.ca/content/dam/gnb/departments/sd-ds/pdf/residenceconfirmation-confirmationderesidence.pdf>

Payment Information (this benefit will be administered to successful applicants by Direct Deposit)

Canadian Housing Benefit / Direct Deposit Form

https://drupal.socialsupportsnb.ca/sites/default/files/2021-03/CHB-ACL_DirectDeposit-DepotDirect.pdf

Application Form

Please complete the application form and submit it along with copies of notice(s) of assessment & paystubs for all household members over 19 years of age, rental information, and Canadian Housing Benefit / Direct Deposit Form.

HOUSEHOLD INFORMATION

Note: Your personal information is collected by the New Brunswick Housing Corporation under the authority of the New Brunswick Housing Act and is protected from unauthorized use or disclosure.

Primary Applicant	
First Name	
Preferred Name	
Last Name	
Preferred Language (Written)	English French
Preferred Language (Spoken)	English French
How would you prefer we communicate with you?	<input type="checkbox"/> Email <input type="checkbox"/> Phone
Telephone Number	
Email	
Date of Birth (YYYY-MM-DD)	
Gender Identity <i>Information used to determine household composition</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Social Insurance Number <i>(Required for income tax purposes to produce a T5007)</i> https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/t4115/guide-t5007-return-benefits.html	SIN: _____ Note: The T5007 is a tax slip that will help you prepare your tax return as it includes the amount of provincial assistance issued to you in a tax year. The income shown on the T5007 tax slip is not taxable but is used to calculate entitlement to tax credits like the GST credit and Canada Child Benefit, if applicable.
Home Address	Civic #: _____ Street Name: _____ Apartment / Unit #: _____ City: _____ Province: _____ Postal Code: _____
Mailing Address (if different than above)	Civic #: _____ Street Name: _____ Apartment / Unit #: _____ City: _____ Province: _____ Postal Code: _____

Note: This information is being collected to determine household composition and other household members contributing to total household employment income.

Additional Household Member 19 years of age or older	
First Name	
Last Name	
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Other Relative Partner <input type="checkbox"/> Other Non-Relative Partner
First Name	
Last Name	
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Other Relative Partner <input type="checkbox"/> Other Non-Relative Partner
First Name	
Last Name	
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Other Relative Partner <input type="checkbox"/> Other Non-Relative Partner

Household Members 18 years of age or younger

Household Members 18 years of age or younger	
First Name	
Last Name	
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative
First Name	
Last Name	
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative
First Name	
Last Name	
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative
First Name	
Last Name	
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative
First Name	
Last Name	
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe: <input type="checkbox"/> Prefer not to say
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative

RENTAL INFORMATION

What is your monthly rent?	\$ _____
What are your average monthly utility payments? (If utilities are included in rent, simply put '0'.)	Water: \$ _____ Electricity: \$ _____ Heat: \$ _____
Type of Rental	<input type="checkbox"/> Private Landlord <input type="checkbox"/> Non-Profit Housing <input type="checkbox"/> Co-operative Housing
Do any household members require a separate bedroom due to a medical/special condition? Note: A medical report or proof of disability may be requested.	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many additional bedrooms are required? _____

INCOME & EMPLOYMENT

Note: This information is used to calculate core housing need.

<p>What was the total Household Income before taxes for past 12 months. Please include all relevant sources.</p> <p>Notes: 1. Regular Employment includes employment income of all household members 19 and older, excluding dependents under 25 who are full-time post-secondary students. 2. Please note: your social assistance will not be reduced if you are approved to receive the Canada Housing Benefit.</p>	TOTAL GROSS HOUSEHOLD INCOME			
	Income Type	Applicant	Spouse/Partner (if applicable)	Other Household Member(s) 19 and over (if applicable)
	Regular Employment (before taxes) ¹	\$	\$	\$
	Employment Insurance	\$	\$	\$
	Self – Employment	\$	\$	\$
	Income Assistance ²	\$	\$	\$
	Child Support Received	\$	\$	\$
	Alimony Received	\$	\$	\$
	Old Age Security	\$	\$	\$
	Guaranteed Income Supplement	\$	\$	\$
	Canada Pension	\$	\$	\$
	Workers' Compensation	\$	\$	\$
	Disability Pension	\$	\$	\$
	Veteran Pension	\$	\$	\$
	Other Pension	\$	\$	\$
Rental Income	\$	\$	\$	
Interest Income	\$	\$	\$	
Hours worked per week (if you have more than one source of employment, enter the total hours).	Primary Applicant			
	Spouse or Common Law Partner (if applicable)			
	Other Household Member(s) (if applicable)			
Rate of pay	Primary Applicant			
	Employment Source 1	\$	_____	
	Employment Source 2	\$	_____	
	Spouse or Common Law Partner (if applicable)			
	Employment Source 1	\$	_____	
	Employment Source 2	\$	_____	
Other Household Member(s) (if applicable)				
Employment Source 1	\$	_____		
Employment Source 2	\$	_____		

ADDITIONAL INFORMATION

Note: This section is voluntary. The following questions do not determine your eligibility. The answers will help Social Development understand how the program is working and how we should improve it.

<p>Marginalized Groups or those at Risk for Exclusion</p> <p>Do you identify with one or more of the of the following? Please check all applicable boxes.</p> <p>This section is just for the primary applicant.</p> <p>Social Development is committed to ensuring diversity by supporting initiatives that promote the inclusiveness of marginalized groups. If you wish to identify your status, please complete this section. Note that this information will be used for statistical and program development purposes only.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Women fleeing domestic violence</td> <td><input type="checkbox"/> Veteran</td> </tr> <tr> <td><input type="checkbox"/> Indigenous (includes First Nations, Metis, Inuit, Treaty or Non-Status)</td> <td><input type="checkbox"/> Young adult</td> </tr> <tr> <td><input type="checkbox"/> Person experiencing homelessness</td> <td><input type="checkbox"/> Person of visible minority</td> </tr> <tr> <td><input type="checkbox"/> Person living with a disability</td> <td><input type="checkbox"/> Newcomer to Canada</td> </tr> <tr> <td><input type="checkbox"/> Person living with a mental illness</td> <td><input type="checkbox"/> Person of gender or sexual minority (LGBTIQ2S+ community)</td> </tr> <tr> <td><input type="checkbox"/> Person living with a substance dependence</td> <td><input type="checkbox"/> Person who grew up in poverty</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Prefer not to say</td> </tr> </table>	<input type="checkbox"/> Women fleeing domestic violence	<input type="checkbox"/> Veteran	<input type="checkbox"/> Indigenous (includes First Nations, Metis, Inuit, Treaty or Non-Status)	<input type="checkbox"/> Young adult	<input type="checkbox"/> Person experiencing homelessness	<input type="checkbox"/> Person of visible minority	<input type="checkbox"/> Person living with a disability	<input type="checkbox"/> Newcomer to Canada	<input type="checkbox"/> Person living with a mental illness	<input type="checkbox"/> Person of gender or sexual minority (LGBTIQ2S+ community)	<input type="checkbox"/> Person living with a substance dependence	<input type="checkbox"/> Person who grew up in poverty		<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Women fleeing domestic violence	<input type="checkbox"/> Veteran														
<input type="checkbox"/> Indigenous (includes First Nations, Metis, Inuit, Treaty or Non-Status)	<input type="checkbox"/> Young adult														
<input type="checkbox"/> Person experiencing homelessness	<input type="checkbox"/> Person of visible minority														
<input type="checkbox"/> Person living with a disability	<input type="checkbox"/> Newcomer to Canada														
<input type="checkbox"/> Person living with a mental illness	<input type="checkbox"/> Person of gender or sexual minority (LGBTIQ2S+ community)														
<input type="checkbox"/> Person living with a substance dependence	<input type="checkbox"/> Person who grew up in poverty														
	<input type="checkbox"/> Prefer not to say														
<p>Please check the statements that describe your current housing situation (check all that apply).</p>	<table border="0"> <tr> <td><input type="checkbox"/> I don't have enough bedrooms for my family</td> <td><input type="checkbox"/> I live too far from work, school, child care</td> </tr> <tr> <td><input type="checkbox"/> Major repairs are required</td> <td><input type="checkbox"/> I don't want to move but I need help with my rent</td> </tr> <tr> <td><input type="checkbox"/> I want to move but cannot afford to do so</td> <td><input type="checkbox"/> Prefer not to say</td> </tr> </table>	<input type="checkbox"/> I don't have enough bedrooms for my family	<input type="checkbox"/> I live too far from work, school, child care	<input type="checkbox"/> Major repairs are required	<input type="checkbox"/> I don't want to move but I need help with my rent	<input type="checkbox"/> I want to move but cannot afford to do so	<input type="checkbox"/> Prefer not to say								
<input type="checkbox"/> I don't have enough bedrooms for my family	<input type="checkbox"/> I live too far from work, school, child care														
<input type="checkbox"/> Major repairs are required	<input type="checkbox"/> I don't want to move but I need help with my rent														
<input type="checkbox"/> I want to move but cannot afford to do so	<input type="checkbox"/> Prefer not to say														
<p>Are you already receiving supports from Social Development (if so, please indicate all programs that apply)?</p> <p>Note: If you already work with a social worker or case manager, we encourage you to discuss the CHB benefit with them to support your success in the program. This will not impact any other benefits you receive from Social Development.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Services for children and youth</td> </tr> <tr> <td><input type="checkbox"/> Services for people with a disability</td> </tr> <tr> <td><input type="checkbox"/> Services for people receiving income support</td> </tr> <tr> <td><input type="checkbox"/> Services for seniors</td> </tr> <tr> <td><input type="checkbox"/> Services for housing</td> </tr> </table>	<input type="checkbox"/> Services for children and youth	<input type="checkbox"/> Services for people with a disability	<input type="checkbox"/> Services for people receiving income support	<input type="checkbox"/> Services for seniors	<input type="checkbox"/> Services for housing									
<input type="checkbox"/> Services for children and youth															
<input type="checkbox"/> Services for people with a disability															
<input type="checkbox"/> Services for people receiving income support															
<input type="checkbox"/> Services for seniors															
<input type="checkbox"/> Services for housing															
<p>Current barriers to increased or improved employment (check all that apply).</p>	<table border="0"> <tr> <td><input type="checkbox"/> Lack of education/diploma/certification</td> </tr> <tr> <td><input type="checkbox"/> Lack of transportation options</td> </tr> <tr> <td><input type="checkbox"/> Health Issues (i.e. physical and mental, addictions, disability)</td> </tr> <tr> <td><input type="checkbox"/> Childcare or Caregiving responsibilities</td> </tr> <tr> <td><input type="checkbox"/> Few employment options (i.e. lack of jobs opportunities, criminal record)</td> </tr> <tr> <td><input type="checkbox"/> I would like to work more, but I don't know where/how to start</td> </tr> <tr> <td><input type="checkbox"/> Prefer not to say</td> </tr> <tr> <td><input type="checkbox"/> Other (please describe): _____</td> </tr> </table>	<input type="checkbox"/> Lack of education/diploma/certification	<input type="checkbox"/> Lack of transportation options	<input type="checkbox"/> Health Issues (i.e. physical and mental, addictions, disability)	<input type="checkbox"/> Childcare or Caregiving responsibilities	<input type="checkbox"/> Few employment options (i.e. lack of jobs opportunities, criminal record)	<input type="checkbox"/> I would like to work more, but I don't know where/how to start	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other (please describe): _____						
<input type="checkbox"/> Lack of education/diploma/certification															
<input type="checkbox"/> Lack of transportation options															
<input type="checkbox"/> Health Issues (i.e. physical and mental, addictions, disability)															
<input type="checkbox"/> Childcare or Caregiving responsibilities															
<input type="checkbox"/> Few employment options (i.e. lack of jobs opportunities, criminal record)															
<input type="checkbox"/> I would like to work more, but I don't know where/how to start															
<input type="checkbox"/> Prefer not to say															
<input type="checkbox"/> Other (please describe): _____															

CONSENT

Note: Your choice will have no impact on eligibility decisions.

<p>This is a new program and we want to improve it based on your experiences. Do you agree to have Social Development contact you to learn about your experience and discuss how we may improve upon our programs? Your feedback is important to us.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>To provide the best possible support to you, do you agree to Social Development sharing information across programs within the department (including, but not limited to housing, child and youth services, disability support, income assistance)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

<p>Please check box to confirm that the information in this declaration is correct.</p>	<input type="checkbox"/> I agree that the above information is accurate and complete. I authorize Social Development to verify any information contained within this form. I also acknowledge that if information is found to be untrue or inaccurate I will not be eligible to receive this benefit.
<p>Note: Social Development cannot guarantee secure transmission of personal information once an e-mail leaves the GNB infrastructure, as e-mail accounts such as Hotmail, Gmail, etc., are not secure.</p> <p>Social Development is not responsible for any loss of data resulting from the electronic transmission of personal information from your personal e-mail.</p>	<input type="checkbox"/> I agree to Social Development contacting me using email regarding my CHB Application submission. I understand that sending my personal information electronically to Social Development is voluntary and at my own risk as e-mails are not encrypted, and e-mail accounts are not secure (i.e. Hotmail, gmail, etc.).

SIGNATURES

Primary Applicant

Date