

# Canada-New Brunswick Housing Benefit Application Form

## Applicant Type

Which of the following options best describes you?	<input type="checkbox"/> I have primary custody of a child(ren) under the age of 19, OR a dependent(s) with a disability 19 years of age or older.  <input type="checkbox"/> I am under the age of 65 and live alone
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## Primary Applicant

First Name	
Last Name	
Preferred Name	
Date of Birth (YYYY-MM-DD)	
Preferred Language (Spoken)	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other
Preferred Language (Written)	<input type="checkbox"/> English <input type="checkbox"/> French
Telephone (e.g.: XXX-XXX-XXXX)	
Email	
How would you prefer we communicate with you?	<input type="checkbox"/> Telephone <input type="checkbox"/> Email
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Transgender Man <input type="checkbox"/> Two-Spirited <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe:
Social Insurance Number (required for tax income purposes to produce a T5007, e.g.: XXXXXXXXXX)	SIN: _____  <i>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.</i>

Home Address	Street # _____ Street Name _____ Apartment/Unit# _____ City/Town _____ Province _____ Postal Code (e.g.: EXX XXX) _____
Mailing Address <i>(If different than above)</i>  <input type="checkbox"/> My mailing address is the same as my home address	Street # _____ Street Name _____ Apartment/Unit# _____ City/Town _____ Province _____ Postal Code (e.g.: EXX XXX) _____

**Additional Household Members 19 Years of Age or Older**

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

There are no additional household members 19 years of age or older.

First Name	
Last Name	
Preferred Name	
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Relative Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other Non-Relative Partner <input type="checkbox"/> Other Relative
Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Transgender Man <input type="checkbox"/> Two-Spirited <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe:

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**Additional Household Members 18 Years of Age or Younger**

There are no additional household members 18 years of age or younger.

First Name	
Last Name	
Preferred Name	
Date of Birth (YYYY-MM-DD)	
Relationship to Applicant	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Relative Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other Non-Relative Partner <input type="checkbox"/> Other Relative
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Last Name	
Preferred Name	
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### Rental Information

What is your monthly rent?	
Type of Rental	<input type="checkbox"/> Private Landlord <input type="checkbox"/> Non-Profit Housing <input type="checkbox"/> Co-operative Housing
What are your average monthly utility payments? (If utilities are included in rent, simply put '0'.)	Water: Electricity: Heat:
Do any household members require a separate bedroom due to a medical/ special condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment Source

	Primary Applicant	Spouse/Partner	Household Member(s) 19 and over		
Hours worked per week					
Rate of pay per hour					


## Additional Information

The following questions do not determine your eligibility. If you have not completed this section before, we encourage you to consider it. The answers will help Social Development understand how the program is working for different groups in our province and how we might be able to improve access to it.

<p>Do you identify with one or more of the of the following? Please check all applicable boxes. This section is just for the primary applicant.</p> <p><i>Social Development is committed to ensuring diversity by supporting initiatives that promote the inclusiveness of all groups.</i></p>	<table> <tbody> <tr> <td><input type="checkbox"/> Woman fleeing domestic violence</td> <td><input type="checkbox"/> Young Adult</td> </tr> <tr> <td><input type="checkbox"/> Indigenous (includes First Nations, Metis, Inuit, Treaty or Non-Status)</td> <td><input type="checkbox"/> Person of visible minority</td> </tr> <tr> <td><input type="checkbox"/> Person experiencing Homelessness</td> <td><input type="checkbox"/> Newcomer to Canada</td> </tr> <tr> <td><input type="checkbox"/> Person living with a disability</td> <td><input type="checkbox"/> Person of gender or sexual minority (LGBTIQ2S+ community)</td> </tr> <tr> <td><input type="checkbox"/> Person living with a mental illness</td> <td><input type="checkbox"/> Person who grew up in poverty</td> </tr> <tr> <td><input type="checkbox"/> Person living with a substance dependence</td> <td><input type="checkbox"/> Prefer not to say</td> </tr> <tr> <td><input type="checkbox"/> Veteran</td> <td><input type="checkbox"/> None</td> </tr> </tbody> </table>	<input type="checkbox"/> Woman fleeing domestic violence	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Indigenous (includes First Nations, Metis, Inuit, Treaty or Non-Status)	<input type="checkbox"/> Person of visible minority	<input type="checkbox"/> Person experiencing Homelessness	<input type="checkbox"/> Newcomer to Canada	<input type="checkbox"/> Person living with a disability	<input type="checkbox"/> Person of gender or sexual minority (LGBTIQ2S+ community)	<input type="checkbox"/> Person living with a mental illness	<input type="checkbox"/> Person who grew up in poverty	<input type="checkbox"/> Person living with a substance dependence	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Veteran	<input type="checkbox"/> None
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<p>Please check the statements that describe your current housing situation (check all that apply)</p>	<table> <tbody> <tr> <td><input type="checkbox"/> I don't have enough bedrooms for my family</td> </tr> <tr> <td><input type="checkbox"/> Major repairs are required</td> </tr> <tr> <td><input type="checkbox"/> I want to move but cannot afford to do so</td> </tr> <tr> <td><input type="checkbox"/> I live too far from work, school, childcare</td> </tr> <tr> <td><input type="checkbox"/> I don't want to move but need help with my rent</td> </tr> <tr> <td><input type="checkbox"/> Prefer not to say</td> </tr> <tr> <td><input type="checkbox"/> None</td> </tr> </tbody> </table>	<input type="checkbox"/> I don't have enough bedrooms for my family	<input type="checkbox"/> Major repairs are required	<input type="checkbox"/> I want to move but cannot afford to do so	<input type="checkbox"/> I live too far from work, school, childcare	<input type="checkbox"/> I don't want to move but need help with my rent	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> None							
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<input type="checkbox"/> None															

<p>Current barriers to increased or improved employment (check all that apply)</p>	<p><input type="checkbox"/> Lack of education/diploma/certification</p> <p><input type="checkbox"/> Few employment options (i.e. lack of jobs opportunities)</p> <p><input type="checkbox"/> Few employment options (i.e. criminal record)</p> <p><input type="checkbox"/> I would like to work more, but I don't know where/how to start</p> <p><input type="checkbox"/> Childcare</p> <p><input type="checkbox"/> Lack of transportation options</p> <p><input type="checkbox"/> Health issues (i.e. physical and mental, addictions, disability)</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other (please describe):</p>
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<p><i>If you selected employment or training above:</i></p> <p>Do you consent to having our team submit a referral to an employment service provider on your behalf?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><i>If you selected childcare above:</i></p> <p>Do you consent to having our team submit a referral to a daycare assistance program on your behalf?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

	<p><b>211 can help you find programs or services in your community to help with transportation or other barriers.</b></p>
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**Consent – Additional Information**

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>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>To provide the best possible support to you and connect you with resources in our province, do you agree to have Social Development provide information or make referrals to programs within the department, to other government programs and departments outside of Social Development, and/or community organizations?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

## Declaration

Check boxes to indicate that you have read and agree with the information provided.

<input type="checkbox"/>	I agree that the information I have submitted on the CHB Form 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.
<input type="checkbox"/>	I agree to Social Development contacting me using email regarding my CHB-NB Application submission.  <i>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. Social Development is not responsible for any loss of data resulting from the electronic transmission of personal information from your personal e-mail.</i>

## Final Review

Before submitting your application:

- Review your application to ensure all the information is complete and accurate.
- Remember to include copies of the requested documents:
  - Rental Information
  - Proof of Income (for all household members over 19 years of age)
  - Payment Information (see attached Direct Deposit Form)

See the "[What do I need](#)" section for more information.

## Signature

Primary Applicant	
Date (YYYY-MM-DD)	

