Canada-New Brunswick Housing Benefit Application Form

Applicant Type

Check box to indicate that you have read and agree with the information provided.	□ I confirm that I am under the age of 65 and currently live alone.
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Primary Applicant

First Name			
Last Name			
Preferred Name			
Date of Birth (YYYY-MM-DD)			
Preferred Language (Spoken)	English	□ French	□ Other
Preferred Language (Written)	English	□ French	
Telephone (e.g.: XXX-XXX-XXXX)			
Email			
How would you prefer we communicate with you?	Telephone	🗆 Email	
Gender Identity	□ Female		🗆 Male
	🛛 Transgender W	oman	Transgender Man
	□ Two-Spirited		□ Non-Binary
	□ Other		Prefer not to say
	Prefer to self-d	escribe:	
Social Insurance Number (required for tax income purposes to produce a T5007, e.g.: XXXXXXXXX)	SIN:		
Home Address	Street Name Apartment/Unit# City/Town Province		

Mailing Address	Street #
(If different than above)	Street Name
My mailing address is the same as my home address	Apartment/Unit#
	City/Town
	Province
	Postal Code (e.g.: EXX XXX)

Rental Information

What is your monthly rent?	
Type of Rental	 Private Landlord Non-Profit Housing Co-operative Housing
What are your average monthly utility payments? (If utilities are included in rent, simply put '0'.)	Water: Electricity: Heat:

Employment Source

Hours worked per week	Rate of pay per hour	\$
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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 Housing NB understand how the program is working for different groups in our province and how we might be able to improve access to it.

Do you identify with one or more of the of the	□ Woman fleeing domestic violence	□ Young Adult
following? Please check all applicable	Indigenous (includes First Nations, Metis, Inuit, Treaty or Non-Status)	Person of visible minority
boxes. This section is just for the primary applicant.	Person experiencing homelessness	Newcomer to Canada
Housing NB is	Person living with a disability	Person of gender or sexual minority (LGBTIQ2S+ community)
committed to ensuring diversity by supporting initiatives that promote	Person living with a mental Illness	Person who grew up in poverty
the inclusiveness of all groups.	Person living with a substance dependence	Prefer not to say
	Veteran	□ None

Please check the statements that describe your current housing situation (check all that apply)	 Major repairs are required I need to move due to mobility and/or accessibility issues. I want to move but cannot afford to do so I live too far from work, school, childcare I don't want to move but need help with my rent My rent was increased, and I can't afford it anymore Prefer not to say None
Do you currently face any of the following barriers. (check all that apply)	 Employment or education Lack of education/diploma/certification Few employment options (i.e. lack of jobs opportunities) Few employment options (i.e. criminal record) I would like to work more, but I don't know where/how to start Lack of transportation options Health issues (i.e. physical and mental, addictions, disability Prefer not to say None Other (please describe):

If you selected employment or education above: Do you consent to having our team submit a referral to an employment service provider on your behalf?		□ Yes □ Not appli	□ No cable
211 _®	211 is a free information and referral h Brunswickers to call when they need supports in their community. Dial 2-1-1 or visit <u>nb.211.ca</u>	•	

Consent – Additional Information

Your choice will have no impact on eligibility decisions.

This is a new program, and we want to improve it based on your experiences. Do you agree to have Housing NB contact you to learn about your experience and discuss how we may improve upon our programs? Your feedback is important to us	□ Yes	🗆 No
To provide the best possible support to you and connect you with resources in our province, do you agree to have Housing NB provide information or make referrals to programs within the department, to other government programs and departments outside of Housing NB, and/or community organizations?	□ Yes	🗆 No

Declaration

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

I agree that the information I have submitted on the CHB Form is accurate and complete. I authorize Housing NB 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.
I understand that I am required to notify Housing NB of any major changes to my situation (ex: move etc.)
I agree to Housing NB contacting me using email regarding my CHB-NB Application submission. Housing NB 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. Housing NB is not responsible for any loss of data resulting from the electronic transmission of personal information from your personal e-mail.

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
 - Payment Information (see attached Direct Deposit Form)

See the "What do I need" section for more information.

Signature

Applicant	
Date (YYYY-MM-DD)	



