

APPLICATION PACKAGE

Canada-New Brunswick Housing Benefit (CHB-NB)



Last updated: March 21, 2024

About

The Canada-New Brunswick Housing Benefit is a shared funding initiative between the Government of Canada (CMHC) and the Province of New Brunswick. This helps New Brunswickers who live alone and work part-time or at lower-paying jobs who are struggling to afford rent. Individuals have additional costs for shelter, food, clothing, and transportation due to the rising cost of living. This benefit provides help with rent so participants can address these additional costs and attempt to increase their earned income.

Please note: Funding is limited and available on a first-come, first-served basis. Applications will not be accepted when all funds have been committed for the year. Applications will re-open when funds become available in April of the following year.

Who qualifies?

The CHB-NB is not for everyone. It is just one of the programs helping New Brunswickers to achieve greater independence and meet their basic needs. It does not affect any other benefits or supports from Social Development and/or Housing NB.

You may qualify for the CHB-NB if you answer 'yes' to ALL of the conditions below:

- **You are under the age of 65**
- **You live alone**
- You rent the place where you live.
- You do not receive a housing subsidy from Housing NB.
- You live in New Brunswick.
- You are employed.
- You have filed your taxes for the previous year.
- Your employment income (before tax) is between \$12,500 and \$50,000.

*Please note that the place you rent must include a sleeping area, living area, kitchen, and bathroom that are located entirely within the rented premises and are not shared with anyone outside of your household. Single room occupancy housing such as rooming houses, boarding houses, and dorms are not eligible.

This benefit is NOT for you if you answer ‘yes’ to any of the conditions below:

- You own your own home.
- You receive another housing benefit (subsidized housing, rent supplement).
- You live in a single room occupancy dwelling (e.g., rooming house, boarding house).

How do I apply

Applying or completing your annual review for the CHB-NB online is the quickest and easiest way to apply.

To apply or to complete your annual review online, visit Social Supports NB’s CHB-NB page at socialsupportsnb.ca/chb.

If you prefer, you can complete your application by hand. Email your completed forms and copies of the requested documents to chb-acl@gnb.ca, drop off at a [Social Development/Housing NB office](https://socialsupportsnb.ca/contact-us) (socialsupportsnb.ca/contact-us) near you, or mail to:

Housing NB
551 King St.
Sartain MacDonald Building
PO Box 6000
Fredericton, NB
E3B 5H1

Please allow for extra processing time if you mail your application.

What do I need?

Submit the following to apply for the CHB-NB:

- Completed application form** (*included in package*).

Rental Information

You will need to provide **ONE** of the following to confirm your rent:

- **Rent Receipt**, within the last 30 days, that includes your name, address, rent amount, date, and landlord's name.
- Copy of **recent rent increase notice**. If over 30 days old, then a utility bill dated within the last 30 days will need to be provided in addition to your lease.
- Copy of **lease or tenancy agreement** within the last year. If over a year old, then a utility bill dated within the last 30 days will need to be provided in addition to your lease.
- [Signed rental declaration form](#) (included in package).

Proof of Income

1. **Notice of Assessment from Canada Revenue Agency**

(Other tax documents like T1, T4, T4E, etc., are not accepted.)

- If you do not have this information, you can log in to your CRA My Account at Canada.ca/cra or call 1-800-267-6999.
- If you have not filed your taxes, find a [free tax clinic](#) near you, or visit Canada.ca and search "free tax clinic".

AND

2. **Employment income information**

- **Pay stubs** – 4 most recent/consecutive. If you worked more than one job, please provide pay stubs for each.

OR

- A recent **letter from employer** (within the last 30 days) that includes:
 - The date you were hired,
 - Your gross annual income or rate of pay (include any overtime pay or bonuses),
 - Hours scheduled to work each week,
 - Employer contact information, and
 - Employer signature.

Payment information

The CHB-NB will be administered to successful applicants by direct deposit.

- **Please complete and sign the Canada-New Brunswick Housing Benefit [Direct Deposit Consent Form](#) (included in package).**

Note: We understand your situation (family, employment, financial) may change during the year. If your situation changes, then your benefit might be adjusted the next year. Your benefit is calculated once a year.

Do you need help completing your application form?

Email: infochb-acl@gnb.ca

APPLICATION

Canada-New Brunswick Housing Benefit (CHB-NB)



Last updated: March 15, 2024

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.

Applicant Type	
Check box to indicate that you have read and agree with the information provided.	<input type="checkbox"/> I confirm that I am under the age of 65 and currently live alone.

Primary Applicant				
First name	Preferred name	Last name		
Email	Phone number	Date of birth (YYYY-MM-DD)		
Social Insurance Number (SIN)	Required for tax income purposes to produce a T5007, e.g.: XXXXXXXXX. 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.			
How would you prefer we communicate with you?		<input type="checkbox"/> Phone	<input type="checkbox"/> Email	
What is your preferred language for <u>speaking</u> ?		<input type="checkbox"/> English	<input type="checkbox"/> French	
What is your preferred language for <u>writing</u> ?		<input type="checkbox"/> English	<input type="checkbox"/> French	
Gender Identity		<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	
		<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say	
HOME ADDRESS				
Civic # / Street Name	Apartment / Unit #	City/Town/Village	Province	Postal code
MAILING ADDRESS				
<input type="checkbox"/> Mailing address is the same as above.				
Civic # / Street Name	Apartment / Unit #	City/Town/Village	Province	Postal code

Rental Information

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

Employment Income

Hours worked per week - <i>If you have more than one source of employment, enter the total hours.</i>	
Rate of pay (e.g., \$/hr) - <i>if you have more than one source of employment, enter rate of pay from each source.</i>	Employment source 1 \$
	Employment source 2 \$

Additional Information

Note: This section is voluntary. 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 following? Please check all that apply.

This section is just for the primary applicant.

Housing NB is committed to ensuring diversity by supporting initiatives that promote the inclusiveness of all groups.

- | | |
|--|--|
| <input type="checkbox"/> Women fleeing domestic violence | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Indigenous (includes First Nations, Métis, 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"/> Young Adult |
| | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> None |

Please check the statement(s) that describe your current housing situation. Please check all that apply.

- I don't have enough bedrooms for my family
- 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, and/or childcare
- I don't want to move but I need help with my rent
- My rent was increased, and I can't afford it anymore
- Prefer not to say
- None

Current barriers to increased or improved employment. *Please check all that apply.*

- 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
- Childcare
- 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 No Not applicable



211 is a free information and referral helpline for New Brunswickers to call when they need help finding supports in their community.

Dial 2-1-1 or visit nb.211.ca

Consent

Note: 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

Please check the boxes to confirm that you agree with the following information:

- I agree that the above information 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: divorce, move, etc.).
- I agree to Housing NB contacting me using email regarding my CHB-NB Application submission.**

I understand that sending my personal information electronically to Housing NB 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.).

Note: 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.

Date (YYYY-MM-DD)

Primary Applicant's Signature

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:

- Completed application form
- Rental Information
- Proof of Income
- Payment Information

See the “What do I need” section for more information.

Email your completed forms and copies of the requested documents to chb-acl@gnb.ca, drop off at a [Social Development/Housing NB office](#) (socialsupportsnb.ca/contact-us) near you, or mail to:

Housing NB
551 King St.
Sartain MacDonald Building
PO Box 6000
Fredericton, NB
E3B 5H1

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PURPOSE: Please complete and submit this form to set up and receive electronic payments from the Government of New Brunswick. GNB will issue a supplier number that you can use for reference purposes.

OBJET : Veuillez remplir et soumettre le formulaire ci-dessous pour recevoir des paiements électroniques de la part du gouvernement du Nouveau-Brunswick. Le GNB vous attribuera un numéro de fournisseur que vous pourrez utiliser à des fins de consultation.

SUBMIT COMPLETED FORM with your online application / or mail to:
Attn: Housing NB, 551 King St., Sartain MacDonald Building, PO Box 6000, Fredericton, NB E3B 5H1

SOUMETTRE LE FORMULAIRE DÛMENT REMPLI via l'application en ligne ou par la poste, à l'adresse suivante :
À l'attention de : Habitation NB, 551, rue King, Édifice Sartain-MacDonald, C.P. 6000, Fredericton, N.-B., E3B 5H1.

NOTE: To receive confirmation of direct deposit payments, please provide an e-mail address.

NOTE : Si vous désirez recevoir une confirmation des dépôts directs des prestations, veuillez indiquer une adresse de courriel ci-dessous.

Please complete **BOTH** section 1 and 2.

Veuillez remplir les **DEUX** sections 1 et 2.

1	Payee Information	Fournisseur																
	Complete all fields and sign <i>Please see instructions for completion on reverse side of this form.</i>	Remplissez tous les champs puis signez le formulaire. <i>Veuillez lire au verso les instructions pour remplir le formulaire.</i>																
<p>Are you already set up to receive electronic payments? / Avez-vous déjà pris des dispositions pour recevoir des versements électroniques?</p> <p><input type="checkbox"/> No, I am a <u>new</u> payee and do not have a supplier number with GNB. / Non, je suis un <u>nouveau</u> bénéficiaire et je ne possède pas de numéro de fournisseur du GNB.</p> <p><input type="checkbox"/> Yes, I am an <u>existing</u> payee and I want to update my information. / Oui, je suis <u>déjà inscrit</u> comme bénéficiaire et je souhaite actualiser mes renseignements.</p> <p>My Supplier # is: / Mon no de fournisseur est :</p>																		
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 35%; text-align: center;">Name Nom</td> <td style="width: 50%;"></td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">Address / Adresse</td> <td style="text-align: center;">Street address, PO Box / numéro de maison, case postale</td> <td></td> </tr> <tr> <td style="text-align: center;">City and Province / ville et province</td> <td></td> </tr> <tr> <td style="text-align: center;">Postal Code / code postal</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Day-time Phone # / Téléphone</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Email address / Adresse de courriel</td> <td></td> </tr> </table>				Name Nom		Address / Adresse	Street address, PO Box / numéro de maison, case postale		City and Province / ville et province		Postal Code / code postal			Day-time Phone # / Téléphone			Email address / Adresse de courriel	
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	Postal Code / code postal																	
	Day-time Phone # / Téléphone																	
	Email address / Adresse de courriel																	
<p>Signing Authority / Pouvoir de signer: I hereby authorize you to credit this account with any payments due from the Province of N.B. until appropriate authority is received to indicate otherwise. / Je vous autorise par la présente à porter au crédit de mon/notre compte tout paiement que le gouvernement du Nouveau-Brunswick me/nous doit jusqu'à ce qu'un nouvel avis de l'autorité appropriée indiquant autrement soit reçu.</p>																		
Signature of Individual Signature du particulier/du bénéficiaire		Date																

2	Banking Details	Renseignements bancaires												
	Please attach a « Void » cheque OR have your <u>financial institution</u> complete all fields below.	Annexez un chèque annulé OU demandez à <u>l'institution financière</u> de remplir tous les champs												
<p>Financial Institution Name - Nom de l'institution financière</p> <p>_____</p>														
<p>Financial Institution Address - Adresse de l'institution financière</p> <p>_____</p>														
<p>Beneficiary Name – Nom de bénéficiaire</p> <p>_____</p>														
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<p>Bank Validation Stamp Required / Le sceau de la banque est obligatoire.</p>														
<p><i>The bank validation stamp certifies that the beneficiary name and information have been verified.</i></p> <p><i>Le sceau de la banque certifie que le nom du bénéficiaire et les renseignements bancaires ont été vérifiés.</i></p>														
Financial Institution / Institution financière Authorized Signature - Signataire autorisé		Date												

For SD Office Use Only:	
Supplier Type / Type de fournisseur	Client ID # / ID du service :
	Client Name / Nom de client :
	Service Provider / Fournisseur de services :
	Supplier / Fournisseur :

Direct Deposit Form / Formulaire de versement

QUESTIONS/ASSISTANCE: Please see instructions for completion on reverse side of form or call 1-866-441-4245 and press "4" when you hear the voice message.

QUESTIONS/AIDE : Veuillez lire au verso les instructions pour remplir le formulaire ou appeler le 1-866-441-4245 et appuyer sur le « 4 » quand vous entendez le message vocal.

Definitions and Instructions:

- **Supplier #:** This does not apply to *new* payees. Once you are set up as a payee in the GNB electronic payment system, you will find your Supplier # on the Notice of Remittance sent to your e-mail address or on your cheque stub.
- **Name of Individual / Payee:** Record your name; this is the name that will appear on your direct deposit Notice or Remittance or your cheque.
- **Address:** Record your full mailing address.
- **Day-time Phone #:** Provide a contact phone number where you can be reached during the day for inquiries.
- **E-mail Address:** Confirmation for direct deposit payments are only sent to payees via e-mail. If GNB does not have an e-mail address on file, a Statement of Remittance for direct deposit payments will not be issued.
- **Signature:** Please sign and date the form before submitting it to Social Development. By signing this form, you are confirming that the information provided is accurate and also that GNB has permission to deposit payments to your bank account as identified in the Banking Details section.

Définitions et instructions:

- **N° du fournisseur :** Ceci ne s'applique pas aux *nouveaux* bénéficiaires. Une fois inscrit comme bénéficiaire dans le système de paiement électronique du GNB, vous trouverez votre n° de fournisseur sur l'avis de versement envoyé à votre adresse de courriel ou sur votre talon de chèque.
- **Nom du particulier/du bénéficiaire :** Indiquez votre nom; il s'agit du nom qui figurera sur l'avis de virement automatique, de dépôt direct, ou sur votre chèque.
- **Adresse :** Inscrivez votre adresse postale complète.
- **N° de téléphone en journée :** Indiquez le numéro de téléphone où l'on peut vous joindre durant la journée.
- **Adresse de courriel :** Les confirmations du dépôt direct des prestations sont toujours envoyées aux bénéficiaires par courriel. Si le dossier ne mentionne aucune adresse de courriel, le bénéficiaire ne recevra pas de relevés reprenant les dépôts directs des prestations.
- **Signature :** Veuillez signer et dater le formulaire avant de le soumettre au ministère du Développement social. En signant le présent formulaire, vous confirmez que l'information fournie est exacte et que le GNB a l'autorisation de déposer les versements sur le compte en banque mentionné à la section Renseignements bancaires.

RESIDENCE CONFIRMATION / CONFIRMATION DE RÉSIDENCE

To be completed by client / À être complété par le client

Client name / *Nom du client*: _____ Telephone no / *No. téléphone*: _____ Member ID / *Id. du membre*: _____

Client's postal address / *Adresse postale du client*: _____

Residential address (if different from postal address) / *Adresse résidentielle (si elle est différente de l'adresse postale)*: _____

If you are sharing accommodations, please list your roommates:
Si vous partagez un logement, veuillez s.v.p. inscrire le nom de votre colocataire(s):

Client signature / *Signature du client* _____ Date _____

To be completed by landlord / À être complété par le propriétaire

Landlord's name / *Nom du propriétaire*: _____ Telephone no / *No. téléphone*: _____

Landlord's address / *L'adresse du propriétaire*: _____

RENTAL INFORMATION / INFORMATION SUR LA LOCATION

1) Type / *Genre*: House / *Maison*: _____ Apartment / *Appartement*: _____ Room / *Chambre*: _____ Room & Board / *Chambre et Pension*: _____ Parents/Family: *Parents/Famille*: _____

2) Monthly cost / *Coût mensuel*: \$ _____ Security deposit / *Dépôt de sécurité*: \$ _____

3) Date rented / *Date louée*: _____ Type of heat / *Genre de chauffage*: _____

4) Included in rent / *Compris avec le coût du loyer*: Heat / *Chauffage*: _____ Stove / *Poêle*: _____ Refrigerator / *Réfrigérateur*: _____ Furniture / *Meubles*: _____

I agree that the information I have submitted 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.

Landlord's signature / *Signature du propriétaire* _____ Date _____

