

Covid-19 Housing Charge Deferral Application

March 24, 2020

Due to the COVID-19 Pandemic, the Board of Directors has decided to enter into an agreement with members that would allow an affected member to:

defer (*means housing charges that are due and payable by the household will be paid in full at a later date and/or over a specified time period*)

payment of their housing charges in order to avoid termination of membership and occupancy rights in the co-operative.

The purpose of the deferral program is to provide temporary assistance to members whose source of income is directly impacted by the COVID-19 virus. The Co-operative is aware that both the Federal and Provincial governments are considering some sort of rent relief program. The Co-op is also aware of other government measures that have been announced. As it may take some time for members to access these benefits, the Board is willing to work with members during this difficult situation.

1. If your income has been significantly affected by the COVID-19 pandemic and this is going to affect your ability to pay your housing charges on time or in full, please complete this application form in its entirety, sign, and return this form along with all required documentation.
2. Every affected household must submit the following information:
 - Income Verification Form 1 (pages 3, 4 and 5)
 - Documentation supporting proof of income
 - Eligibility Criteria & Request Form (page 6)
 - Consent & Statutory Declaration (page 7)

The completed package must be submitted to the Treasurer or designated representative in accordance with the timeframe set out in Bylaw Two, Late Payment of Housing Charge. Please submit your package earlier, if possible.

Please Note: *The Board will assess each application for eligibility for subsidy surplus or security of tenure based on income, in addition to reviewing your request for deferral. You will receive written notice of the outcome of this assessment.*

Housing Charge Deferral Form 1 (continued):

Section 1: HOUSEHOLD INFORMATION

Applicant Name – The person filling out this form must be living in the unit (head of household (Adult))

Last Name	First Name	Middle Initial
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Unit and Contact Information

Address (number and street name):	Unit #:	Postal Code:
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Phone number:	Cell Number:	Alternative phone number:
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Email Address:	Number of bedrooms in your unit:
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Emergency Contact Information – List two (2) individuals we can contact in case of an emergency

1. Full Name (First, Last):	Relationship to You:	Phone Number:
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2. Full Name (First, Last):	Relationship to You:	Phone Number:
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List all members of your household – Include everyone who lives in your unit. Start with yourself.

***Status in Canada: Canadian Citizen, Permanent Resident, Convention Refugee or Refugee Claimant.**

Full Name (First, Last)	Sex (M/F)	Relationship to You	Date of Birth (Year/Month/Day)	*Status in Canada (Choose from list)	Full-time student Yes or No
		Self			

Section 2: INCOME INFORMATION

Employment Income

- List the employment income of all members of your household 16 years of age or older. For example, include pay, vacation pay, tips, bonuses, employment insurance (EI), short-term WCB.
- Remember to report gross monthly income – this is your income before money is taken off for taxes, etc.
- Must attached document to verify each source of employment income.

Household Member Name (First, Last)	Employer Name	Gross Monthly Income (\$)	Copy Attached
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>

Self-Employment Income

- List self-employment for each household member 16 years of age or older. For example, include income of freelance workers, business license holders, independent contractors, sole proprietors of a business, or partners in a business.

Household Member Name (First, Last)	Type of Business	Gross Monthly Income (\$)	Copy Attached
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>

Income from Pensions or Support Payments

- List any pension or support payments received by members of your household 16 years of age or older. *For example, include public pensions (OAS, CPP, QPP, GIS, Alberta Seniors Benefit), private pensions, long-term disability payments, child or spousal support payments, and sponsorship support.

Household Member Name (First, Last)	*Type of Pension or Support Agreement	Monthly Income (\$)	Copy Attached
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>

Declaration of Income:

Please indicate “yes” or “no” for each type of income received by each household member:

TYPE OF INCOME	Answer “yes” or “no” for each type of income	Name(s) of household member in receipt of income:	Attach the following documentation
Employment	Yes___ No___		Minimum of 2 months of paystubs
Self-Employment	Yes___ No___		Income and Expense Statement Notice of Assessment after 12 months of self-employment
Alberta Works (AW)	Yes___ No___		Statement of Assistance and Drug card
Assured Income for the Severely Handicapped (AISH)	Yes___ No___		Statement of Assistance and Drug card
Support Payments (received or paid)	Yes___ No___		Court Order or Notarized/Sworn Separation Agreement
Employment Insurance (EI)	Yes___ No___		Cheque stub or Source Document
Workplace Safety Insurance Board (WSIB)	Yes___ No___		Cheque stub or Source Document
Alberta Student Aid Program	Yes___ No___		Loan Document(s)
Canada Pension Plan (CPP)	Yes___ No___		Cheque stub or Source Document
Old Age Security (OAS)	Yes___ No___		Cheque stub or Source Document
Alberta Seniors Benefit	Yes___ No___		Cheque stub or Source Document
Other Pension Income	Yes___ No___		Cheque stub or Source Document
Other Income	Yes___ No___		Source Document
Information slips for income tax purposes (T4, T5, etc.)	Yes___ No___		Current information slips and/or Notice of Assessment

Eligibility Criteria

Has your source of income been directly impacted by the COVID-19 pandemic? (loss of job or reduced hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have been laid off/lost job, has your employer provided you with a record of employment (ROE)? (if yes, please attach)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for EI Sickness Benefits or an Emergency Support Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or a member of your household quarantined or sick with COVID-19, but do not qualify for EI sickness benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a parent(s) with children who require care or supervision due to school closures, and are unable to earn employment income, irrespective of whether you qualify for EI or not	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Deferral Request and Payment Plan

Amount of Monthly Housing Charges

Amount of Monthly Housing Charges	\$
Amount I am proposing to pay on the 1 st of the month	\$
Deferral Amount (the "Indebtedness")	\$

I promise to pay the Indebtedness, by the following instalments [*insert the date you intend to pay and the amount of each instalment*]:

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

I understand that this deferment covers one month's housing charge and requests for additional deferments must be submitted separately;

Consent and Statutory Declaration

I/We _____ of the _____
in the Province of ALBERTA, do solemnly declare as follows:

1. That I/we am/are the members on the said Housing Charge Deferral Application form.
2. I/we hereby give my/our consent for _____ Housing Co-operative to collect the information on this Deferral for the purpose of determining my family's monthly gross household income and assessment of eligibility for housing charge assistance.
3. I/we authorize _____ Housing Co-operative and its agents to make inquiries to my employer(s) or to any other source for the purpose of verifying facts herein stated. Discovery of false information may result in the revocation of assistance provided or termination of membership within the Co-operative.
4. I/we understand that this information will be kept in a secure location and will not be disclosed to outside agencies other than CMHC, The Agency for Co-operative Housing or the Alberta Government Service Agency as required. The Co-op is acting in accordance with the Privacy Information Protection Act.
5. That the statements made by me/us in the said Housing Charge Deferral Application form are to the best of my/our knowledge, and belief, full and true in all respects.
6. I also agree to report all changes in income, assets, household composition and absences from the unit to the Treasurer or designated party of _____ Housing Co-operative within 30 days.

And I/we make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

DECLARED in _____ (municipality), in the Province of Alberta, this

_____ day of _____, 2020

Signature of Member

Signature of Member

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Please Save File As: ÁUnit#_LastName_HousingCharge Defferal_MonthYearÁand send to Treasurer or Designated Party.