

Lethbridge Housing



**GENDER-BASED VIOLENCE BENEFIT PROGRAM
APPLICATION**

Applicant Information	
First & Last Name:	Today's Date:
Date of Birth:	Age:
Email:	Phone:
Current Address:	
Current City:	MANDATORY* Current Postal Code:
Mailing Address: (if different than current address)	
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	

Housing Information
Do you currently rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own
Do you currently receive the Rent Assistance Benefit (RAB) or Temporary Rent Assistance Benefit (TRAB)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently live in Social Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Select which housing type you intend to use the Gender-Based Violence Benefit for: <input type="checkbox"/> Rental <input type="checkbox"/> Owned Property <input type="checkbox"/> Temporary/Other (please specify) _____

Support Worker Information
Support Worker Name: _____ Email: _____
Support Agency: _____ Phone: _____

Referring Agency
<input type="checkbox"/> Assured Income for the Severely Handicapped (AISH)
<input type="checkbox"/> Child and Youth Support
<input type="checkbox"/> Income Support (through Alberta Works)
<input type="checkbox"/> Refugee Settlement
<input type="checkbox"/> Safer Spaces Certificate/Certified Professional Statement
<input type="checkbox"/> Treaty/Band
<input type="checkbox"/> Other Approved Referral Agency (please specify) _____

The personal information in this form is being collected by Lethbridge Housing Authority under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact Lethbridge Housing Authority at (403) 329- 0556.



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Target Populations

- I am/someone in my household identifies as an Indigenous person.
- I have/someone in my household has a disability.
- I am/someone in my household is a recent immigrant or refugee.
- I am/someone in my household identifies as having a diverse concept of sexual orientation, gender identity, and expression.
- I am/someone in my household identifies as a racialized group.
- I am/my household is fleeing domestic violence*
- I am/my household is experiencing (or at risk of experiencing) homelessness or transitioning out of homelessness supports*
- I am/someone in my household is struggling with mental health and/or addiction*
- I am/someone in my household is a youth exiting government care.
- I am/someone in my household is a veteran.
- Prefer not to say

* and working with appropriate supports and services to support stable housing

Please be advised that many of the demographic and identifying information above are protected grounds under the Alberta Human Rights Act and disclosing any of that information will not result in harassment, discrimination, or any other penalty towards your application. The personal information in this form is being collected by Lethbridge Housing Authority/Lethbridge & Region Community Housing Corporation under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact (403)329-0556.

Authorization

1. I/We authorize Lethbridge Housing Authority to make inquiries to the referring agency or organization for the purpose of verifying the information provided for this application.
2. I/We understand that:
 - Failing to provide the required documentation may result in the application being cancelled.
 - Providing false information to Lethbridge Housing Authority may result in the application being cancelled.

Applicant Name

Applicant Signature

Witness Signature

Date

Please submit all applications by email to: gbvb@lethbridgehousing.ca