

E: <u>rentassist@homelandhousing.ca</u> T: 780.939.5116 F: 780.939.2513

A: 10021 – 100 Street Morinville, AB T8R 1R9

## **Rent Assistance Benefit Direct Deposit**

- Please complete this form if you are a new Rent Assistance Benefit recipient or if your banking information has changed.
- Submit the completed form to Homeland Housing by email, mail, fax, or in person at our office.
- If you are completing this form out on paper, please print clearly with ink.

| Section One – Personal Information   |                |                      |                               |                               |             |  |  |
|--|----------------|----------------------|-------------------------------|-------------------------------|-------------|--|--|
| First Name   |                | Last Name            |                               | Preferred Name (if different) |             |  |  |
| Unit No.   | Street Address |                      | City                          | Province                      | Postal Code |  |  |
| Home Telephone No.   |                | Mobile Telephone No. |                               | Email Address:                |             |  |  |
| Section Two – Banking Information  |                |                      |                               |                               |             |  |  |
| <ul> <li>Submit your banking information by:</li> <li>1. OPTION A: A blank cheque marked void (see below)</li> <li>2. OPTION B: Ask your bank to complete Option B of this form</li> <li>3. OPTION C: Ask your bank to provide their Direct Deposit form and attach it to this form</li> </ul> |                |                      |                               |                               |             |  |  |
| Financial Institution Name   |                |                      | City                          | Province                      | Postal Code |  |  |
| New Rental Assistance Benefit Recipient Change of Banking Information  |                |                      |                               |                               |             |  |  |
| OPTION A: Submit a blank cheque or a photocopy of a blank cheque marked void (see below)   |                |                      |                               |                               |             |  |  |
| <b>OPTION B</b> : Ask your bank to complete this section OR ask your bank to provide their Direct Deposit form.  |                |                      |                               |                               |             |  |  |
| Transit Nu   | imber:         |                      | Institution Numb              | per:                          |             |  |  |
| Account Number:  |                |                      | Name(s) of Account Holder(s): |                               |             |  |  |

## Section Three – Authorization

All account holders must complete the sections below:

- I/we the undersigned, agree to the collection of my/our personal information by Homeland Housing, including my/our bank account details pursuant to the Freedom of Information and Protection of Privacy Act.
- I/we understand that Homeland Housing will use this information to issue direct payments to my/our bank account.
- I/we declare that the information provided in this form is true and complete.

| Print Name | Signature | Date (dd/mm/yyyy |
|------------|-----------|------------------|
|            |           |                  |
|            |           |                  |
|            |           |                  |
|            |           |                  |
|            |           |                  |

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. Personal information collected on this form is used for the purposes of administering the Rental Assistance and Temporary Rental Assistance Benefit programs. Limited information may also be used by Homeland Housing and/or provided to the Minister of Seniors, Community and Social Services for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. If you have any questions, please contact our FOIP Coordinator at 780.939.5116 or at info@homelandhousing.ca.