



<i>Act/Regulations</i> <i>Social Assistance Act Reg. 5(1), 17</i> <i>Supports for Persons with</i> <i>Disabilities Act Gen. Reg. 40(1),(3)</i>	Program	Social Assistance, AccessAbility Support	
	Subject	Shelter	Policy # SA 5.1 AAS 3.4.1
Effective Date: SA June 1, 1994 AAS March 26, 2019		Authorized by:	
Revised Date: July 1, 2021		Deputy Minister David Keedwell	

1.0 PURPOSE

1.1 To provide financial support to eligible applicants of Social Assistance (SA) and Assured Income (AI) to secure and maintain appropriate housing.

2.0 DEFINITIONS

2.1 **Applicant:** a person who applies for or on whose behalf an application is made for SA or AI.

2.2 **Assured Income:** a component of AccessAbility Supports (AAS) that provides monthly financial supports to eligible applicants with disabilities to use towards securing basic needs.

2.3 **Co-Applicant:** the spouse of an applicant, and includes a person who, although not married to the applicant, lives with the applicant as if they were married.

2.4 **Recipient:** a person who is provided SA or AI and includes a person whose SA or AI has been suspended, but not cancelled.

2.5 **Supports Coordinator:** a staff member that provides direction and case management support in delivering a range of social benefits and services to applicants eligible for Social Programs.

3.0 POLICY STATEMENT

3.1 For the purposes of this policy use of the word applicant is inclusive of recipient.

3.2 Shelter costs may be allowed up to the maximum shelter rates per accommodation type according to the Schedule of Allowable Shelter Rates (attached).

3.3 For applicants with exceptional shelter needs, consideration may be given for increased shelter costs greater than the maximum shelter rates in the following circumstances:

- Applicants with existing mortgages;

- Applicants with special accessibility requirements or other specific needs related to a disability;
 - Applicants with a history of problems which prevent them from living within the allowable shelter rates;
 - Where relocation would cause significant disruption to an applicant's support networks.
- 3.4 Consideration may be given to exceed the maximum allowable shelter rates with the approval of the appropriate authority when;
- The applicant has been forced to seek new accommodations due to circumstances beyond their control, such as a fire or physical abuse; or
 - The applicant is requesting emergency or short-term assistance only.
- 3.5 Applicants who voluntarily move to alternate accommodations where no health or safety need exists may not be allowed an increase in shelter costs without prior approval from the Department.
- 3.6 Where a change in the number of people in the household results in a decrease of an applicant's eligible shelter rates, the existing shelter rate may be used for up to 12 months from the date of decrease in eligibility, or until shelter expenses are reduced, whichever occurs first. Where there is an increase of an applicant's eligible shelter rate, the increased shelter rate is effective immediately.
- 3.7 Shelter rates may be exceeded when providing fuel on a seasonal basis, provided the shelter rate is not exceeded when the average monthly fuel expense is added to the other shelter costs.
- 3.8 When establishing eligibility for prescription drug coverage through the Financial Assistance Drug Program, shelter rates may not be exceeded.
- 3.9 Where an applicant is admitted to a hospital, a treatment facility, a residential institution, or is incarcerated in a correctional facility for less than 30 days, the department may continue the payment for shelter costs for up to 30 days to hold the accommodation for the applicant. Where the applicant is receiving primary health treatment, and is expected to return to the accommodations, the Supports Coordinator may assess if the accommodation should be held longer than 30 days. Accommodations should not be held for more than 90 days, except in exceptional circumstances. Exceptions require authorization from the designated authority.
- 3.10 The Department will not purchase homes for applicants nor will it provide a guarantee of future shelter payments as an applicant's eligibility for assistance is subject to change.

4.0 PROCEDURE STATEMENT

- 4.1 The Supports Coordinator will verify an applicant's living arrangement, address, and shelter costs upon application and at minimum once every 12 months as a part of the annual review or when a change in circumstances occurs.
- 4.2 An applicant is responsible to provide verification of shelter costs to the Department. Verification may include, but is not limited to a Confirmation of Residency form (attached), a rental or lease agreement, or a mortgage document.
- 4.3 Shelter costs must be listed in the applicant or co-applicant's name. Documentation issued in a third party name will not be considered when determining an applicant's eligibility for shelter costs.
- 4.4 The Supports Coordinator will record the actual shelter costs incurred by the applicant on the applicant's electronic file to be adjusted to keep benefits within the allowable shelter rates.

5.0 ATTACHMENTS

- 5.1 Schedule of Allowable Shelter Rates
- 5.2 Confirmation of Residency

HISTORY:

July 1, 2021: Editorial, content, and format changes. Replaces AAS policy 3.4.1. Damage Deposit policy statements and fuel expenses statement have been removed from SA policy 5.1 to be incorporated into new expense policies.

Schedule of Allowable Shelter Rates

Family Composition		1 Bdr	2 Bdrs	3 Bdrs	4 Bdrs	5+ Bdrs
1 Adult, 0 Children	2 Adults, 0 Children	\$794				
1 Adult, 1 Child	2 Adults, 1 Child		\$961			
1 Adult, 2 Children	2 Adults, 2 Children			\$1,118		
1 Adult, 3 Children	2 Adults, 3 Children				\$1,191	
1 Adult, 4 Children	2 Adults, 4 Children					\$1,242
1 Adult, 5 Children	2 Adults, 5 Children					\$1,242
1 Adult, 6 Children	2 Adults, 6 Children					\$1,242
1 Adult, 7+ Children	2 Adults, 7+ Children					\$1,242

Confirmation of Residency

Confirmation of Residency	
To be completed by the Applicant	
	Telephone No.: _____
Client Name:	_____
Client Mailing Address:	_____ _____
Residential Address: <i>(If different from Mailing Address)</i>	_____
If you are sharing accommodations, please list your roommate(s):	
	_____ _____
Client Signature _____	Date _____
To be completed by the landlord	
Landlords Name: _____	Telephone No.: _____
Landlords Address:	_____
Rental Information	
1. Type:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Family <input type="checkbox"/> Room <input type="checkbox"/> Room & Board
2. # of Bedrooms:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3. Monthly Costs: _____	Security Deposit: _____
4. Date Rented: _____	Type of Heat: _____
5. Included in Rent:	<input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Stove <input type="checkbox"/> Fridge <input type="checkbox"/> Furniture <input type="checkbox"/> Laundry
I DECLARE THAT THE INFORMATION PROVIDED IS TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE	
Landlord's Signature _____	Date _____