



Saskatoon Housing Authority

525 – 24TH STREET EAST
SASKATOON, SASKATCHEWAN
S7K 0K9
TEL: (306) 668-2700
FAX: (306) 668-2701

Dear Applicant:

The Social Housing Program provides safe and adequate housing to individuals and families in need. The program is intended to serve households with low incomes. Priority is given to seniors (60+), families with children or dependents and individuals with physical disabilities.

Provided your application has been fully completed and forwarded with all the required attachments and income/assets information, we will proceed to qualify you for the Social Housing Program. Incomplete applications and/or the absence of all required attachments and income information will delay the process. We do not accept incomplete applications. Incomplete applications will be returned to you for completion.

In order to qualify for the Social Housing Program, your income and assets must not exceed the income limit. The income limit is the maximum annual amount of money a household may receive and still qualify for the Social Housing Program. Income limits are determined by household type (senior or family), the number of children or dependents in the household or whether a member of the household has a physical disability.

Households that have gross incomes above the program limits do not qualify for the program. These households should have the ability to afford market rent. To inquire about the income limits that apply to your household, please call the Saskatoon Housing Authority at 306.668.2700.

After submitting your completed application, please allow time for us to communicate further with you regarding your application.

If you need housing immediately, you may wish to consider other housing alternatives. The Saskatoon Housing Authority does not manage Emergency Housing.

SASKATOON HOUSING AUTHORITY

Please ensure all documents listed below are attached to your application. **Everything** listed is required to process your application. If information is missing, your application will be returned for completion.

Rental History	References from your 2 most current landlords. Please provide 2 character references if you do not have rental history. These cannot be from a friend or family member.
Income Tax Return	<p>1. All adult members must provide a certified copy of the most recent Income Tax Return and Notice of Assessment including Line 150 <u>OR</u></p> <p>2. Current Option "C" printout from Canada Revenue Agency - 1.800.959.8281 - showing all income sources. *Please note: this is not a Notice of Assessment</p> <p>3. Self employed family members must attach a complete copy of the previous year's income tax return</p>
Income Verification	<p>1. If you or any member of your family are receiving Social Services Benefits (Income Assistance, T.E.A. or S.A.I.D.) Employment Insurance, Workers' Compensation or Pension Benefits, copies of cheque stub(s) OR verification of gross benefits from the previous month must be attached</p> <p>2. Student Assessment data sheet from student loans, scholarships, bursaries, grants, band funding and/or provincial training allowances - breakdown of income and expenses letter - obtained over the last 12 months with commencement and completion dates of the related educational program.</p> <p>3. Verification of child support, maintenance payments and/or alimony.</p> <p>4. A signed letter from your present employer for each employed family member, stating gross rate of pay, hours per week and total earnings in the last 12 months. (employer form attached)</p>
Asset Declaration	All adult members must provide a completed and signed copy of the asset declaration.
Citizenship	If you are not a Canadian Citizen, please provide a copy of your immigration card - front and back - for all family members who are not Canadian Citizens.
Sign the Application	All adult members must sign the application
Application	Please review the entire application to ensure it is fully completed.

Please remember: It is very important that **all** information listed above is attached to your application so we can process it as quickly as possible. The Saskatoon Housing Authority cannot process your application without all this information.

If you rented from Saskatoon Housing Authority in the past, your account must be in good standing to apply and be accepted.

If you have any questions or concerns, please contact the office at 306.668.2700

525 - 24 Street East

Saskatoon SK S7K 0K9

Phone 306.668.2700 / Fax 306.668.2701

saskatoon.housing@sasktel.net

Application for Rental Housing

Social housing is intended for low to moderate income households including families, seniors, and persons with a disability. Under the Social Housing Program, tenants are provided with rent that is geared to their household income.

You are eligible for the social housing benefit if:

- your household's income and assets are at or below the limits established by Saskatchewan Housing Corporation (SHC) from time to time,
- you are able to live independently either alone or with supports,
- your household fits with the types of housing we have available in your community,
- you have good rental references from landlords, and
- you are **not** in Canada on a student visa or as a visitor.

If your application for the Social Housing Program is approved, the housing authority will review your housing circumstances and assess your level of need for housing. When a unit is available, the housing authority selects the household with the greatest housing need.

If your application for the Social Housing Program is approved but no housing unit is available immediately, you may need to provide additional information to confirm you are still eligible for the program when a unit becomes available.

If you are offered a housing unit, you will need to provide a security deposit.



CONTACT INFORMATION

1. Applicant's name: _____
 Last name First name Middle name

2. Date of birth: (MM/DD/YYYY) __/__/____ 3. Social Insurance Number: _____

4. Home Address: _____
 Number/street Box number City/town Prov. Postal code

5. Phone numbers: Home: _____ Cell: _____ Work: _____

6. Email: _____ 7. Gender: Male Female

8. Is there a co-applicant? (If no, skip numbers 8 to 10, and go to Part A.) Yes No

9. Co-Applicant's name: _____
 Last name First name Middle name

10. Relationship to applicant: _____ 11. Gender: Male Female

12. Date of birth: (MM/DD/YYYY) __/__/____ 13. Social Insurance Number: _____

PART A – ELIGIBILITY

1. Are you in Canada on a student visa or as a visitor? Yes No

2. Complete the table for each household member except the applicant and co-applicant (if applicable).

Last Name	First Name	Relationship to Applicant	Gender (M or F)	Date of Birth (MM/DD/YYYY)

3. I have my child(ren) (check the one that applies): All the time Most of the time Sometimes Never

4. If anyone in your household has a permanent disability that has a housing-related impact, please describe:

5. To allow us to determine your income, **attach all income information for each household member** 18 or older, except dependants 25 or younger who are fulltime students, and check what is attached.

- Most recent T1 General – Income Tax and Benefit Return up to and including line 150.
- T451 Notice of Assessment from Canada Revenue Agency.
- Current "Option C" printout from Canada Revenue Agency showing all income sources.
- Pay stub if income has changed since filing the most recent T1 General or if no T1 General was filed.
- Proof of non-taxable income from the past year (e.g. income earned on reserve, child support payments, War Veterans Allowance, forgivable student loans, student grants and bursaries, band funding, etc.)

6. Provide your household's current total gross monthly income: \$ _____

7. If a below description applies to you, please check the box and sign the form.
- I am a senior applying for the Social Housing Program and I have more than \$250,000 in assets;
 - I am a senior applying for the Life Lease Program and I have more than \$375,000 in assets.
- If you have not checked a box above, please complete the below section.

8. All assets must be declared, including those held outside of Canada (e.g., property in a foreign country).

Enter the values for the assets of all household members in the table below. "Value" refers to the amount you could get for an item if you sold it less any amount owing on it.

Asset Type	Examples	Total Values
a. Cash Enter the value regardless of where the money came from, e.g. lump sum payments, capital gains, gaming/lottery winnings, insurance settlements, compensation, etc.	Cash on hand	
	Balance in all bank accounts (e.g. savings, chequing, and tax free savings accounts)	
	Cash in a safety deposit box	
b. Investments Enter the value of financial investments that provide interest, provide dividends, or increase in value. Do not include locked-in investments that are inaccessible, e.g. a trust fund where the age requirement has not yet been met.	Commodities, stocks, bonds, mutual funds, guaranteed investment certificates (GICs), money market funds, etc.	
	Shares, stock options, and warrants in a business	
	Mineral rights and oil and gas leases	
c. Real estate Enter the value of land and buildings.	Primary residence	
	Other land and buildings, including farm land, vacation home, and rental property	
d. Retirement savings plans Enter the value of savings or investments for retirement. Do not include funds converted to income, e.g. Registered Retirement Income Fund.	Registered Retirement Savings Plans (RRSPs)	
	Company and private pension plans	
e. Vehicles Enter the value of vehicles. (A primary vehicle is the one the household uses most for transportation.)	Primary vehicle: enter the value less \$35,000; if the result is negative, enter 0.	
	Secondary vehicles, including business vehicles.	
	Recreational vehicles, including boat, trailer, ATV, etc.	
f. Valuable personal effects Enter the value of items that are not essential for day-to-day living.	Jewelry, antiques, collections, etc. Only declare collective amount over \$10,000.	
Only declare items not being used to generate income.		
g. Business Assets Enter the value of assets for the operation of a business, including a farm.	Cash, stock, inventory, raw materials, tools, equipment, machinery, livestock, furniture, etc. (Note: Include real estate above in c.)	
h. Tools of the trade Enter the value of items you supply as an employed or contracted worker.	Tools, machinery, computer, electronics, musical instruments, etc.	
TOTAL		

9. Complete the information below so that we are able to contact your rental references.

a. Applicant's current landlord (if you are currently renting):
 Agency name: _____ Contact: _____
 Phone number: _____ Fax number: _____

b. Applicant's previous landlord (if you rented in the past):
 Agency name: _____ Contact: _____
 Phone number: _____ Fax number: _____
 Rental address: _____ City/town: _____
 Tenancy start (MM/DD/YYYY): ___/___/____ Tenancy end (MM/DD/YYYY): ___/___/____

c. Have you ever rented from a housing authority in Saskatchewan? Yes No
 If yes, which one? _____ Rental address: _____
 City/town: _____ Do you owe money to a housing authority or SHC? Yes No

d. If there is a co-applicant, do they have the same rental references? (If yes, go to Part B) Yes No

e. Co-applicant's current landlord (if you are currently renting):
 Agency name: _____ Contact: _____
 Phone number: _____ Fax number: _____

f. Co-applicant's previous landlord (if you rented in the past):
 Agency name: _____ Contact: _____
 Phone number: _____ Fax number: _____
 Rental address: _____ City/town: _____
 Tenancy start (MM/DD/YYYY): ___/___/____ Tenancy end (MM/DD/YYYY): ___/___/____

g. Have you ever rented from a housing authority in Saskatchewan? Yes No
 If yes, which one? _____ Rental address: _____
 City/town: _____ Do you owe money to a housing authority or SHC? Yes No

PART B – ASSESSMENT FOR PRIORITY

The housing authority selects households with the greatest housing need. If you meet the requirements in Part A, the housing authority will use Part B to assess your level of need for housing.

1. I am/we are currently (check the one that applies):
 Homeless or at immediate risk of homelessness (i.e. living on the street, in a vehicle, motel, hostel, or shelter, or temporarily living with family or friends).
 Living in a home that I/we rent.
 Living in a home that I/we own.
 Other: _____

2. My/our current home has (check all that apply):

<input type="checkbox"/> Outside doors that don't close and/or lock.	<input type="checkbox"/> Persistent problems with insects or rodents.
<input type="checkbox"/> A roof and/or windows that leak when it rains.	<input type="checkbox"/> A foundation that is caving in.
<input type="checkbox"/> Bedroom windows that don't open.	<input type="checkbox"/> Doors, windows, stairs, etc. that are not safe.
<input type="checkbox"/> Exposed electrical wires.	<input type="checkbox"/> Hazards identified by a municipal building inspection, fire department, or health organization.
<input type="checkbox"/> A kitchen and/or bathroom that doesn't have hot and cold running water	<input type="checkbox"/> Environmental issues or pollution.
<input type="checkbox"/> A toilet that doesn't work.	<input type="checkbox"/> Other: _____
<input type="checkbox"/> A furnace that can't keep our home warm (21° C).	<input type="checkbox"/> Other: _____

<p>3. Check all that apply:</p> <p><input type="checkbox"/> I am having financial hardship because of my/a household member's poor health.</p> <p><input type="checkbox"/> I have/a household member has a medical issue that would improve if I/we had a different home.</p> <p><input type="checkbox"/> I find/a household member finds it difficult to cope because of my/our current home.</p>				
<p>4. Check all that apply:</p> <p><input type="checkbox"/> I have/a household member has a wheelchair or impaired mobility and my/our current home is not accessible and cannot be modified.</p> <p><input type="checkbox"/> I have/a household member has a mobility issue that requires modifications (e.g. grab bars) and my/our current home does not have these modifications and cannot be modified.</p>				
<p>5. How many of the following are in your current home? Bedrooms _____ Adults _____ Children _____</p>				
<p>6. Check all that apply:</p> <p><input type="checkbox"/> My family is separated or at risk of being separated because our current home isn't big enough.</p> <p><input type="checkbox"/> I need to move because of stress or conflict between current household members.</p> <p><input type="checkbox"/> I have received a notice of eviction without cause.</p> <p><input type="checkbox"/> I/we have poor access to work/services/school/childcare because of limited/no access to transportation.</p>				
<p>7. I receive/a household member receives income from the Social Assistance Program, Saskatchewan Assured Income for Disabilities, Transitional Employment Assistance, or Provincial Training Assistance and my household's current total gross monthly income from other sources is less than \$1,300. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>8. My household receives \$ _____ (total monthly amount) for the Saskatchewan Rental Housing Supplement.</p>				
<p>9. My household's total monthly shelter costs are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Mortgage payment or rent \$ _____</td> <td style="width: 50%;">Property tax \$ _____</td> </tr> <tr> <td>Heat \$ _____</td> <td>Homeowner insurance \$ _____</td> </tr> </table>	Mortgage payment or rent \$ _____	Property tax \$ _____	Heat \$ _____	Homeowner insurance \$ _____
Mortgage payment or rent \$ _____	Property tax \$ _____			
Heat \$ _____	Homeowner insurance \$ _____			

PART C: OTHER

The housing authority will consider your answers in Part C along with other information to identify an appropriate housing unit for your household.

1. Do you require parking? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you own pets, indicate number and type:
3. If you expect your household to increase (e.g. a new baby), when (MM/DD/YYYY)? ___/___/_____
4. How many bedrooms does your household require?
5. Provide your preferred location to live in social housing:

I acknowledge that I have read the declaration and consent on the reverse of this form and agree to its terms.

Signature of applicant: _____ Date (MM/DD/YYYY): ___/___/_____

Signature of co-applicant: _____ Date (MM/DD/YYYY): ___/___/_____

FOR OFFICE USE ONLY

Date the housing authority received the application (MM/DD/YYYY):

DECLARATION AND CONSENT

I declare that all of the facts given by me in this application are true and complete. I understand that if any fact is found to be false, my application will not be considered or, if I have been placed in a rental unit, I may be required to vacate.

I understand this application does not obligate SHC to provide me with a housing program benefit.

I give my consent to SHC and its agents to collect, use, and disclose any of the facts given by me in Part A of this application form for any of the following reasons:

- To determine if I am eligible for housing under the Social Housing Program.
- To make inquiries to my previous landlords or respond to inquiries from my future landlords regarding my tenant history.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.
- To collect rent arrears or any other amount owing by me to SHC.

I give my consent to SHC and its agents to collect, use, and disclose any of the facts given by me in Part B of this application form for any of the following reasons:

- To assess and prioritize my need for housing.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.

I give my consent to SHC and its agents to collect, use, and disclose any of the facts given by me in Part C of this application form for any of the following reasons:

- To consider my preferences for housing.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.

I understand that the facts given by me in this application form will be collected, used, kept and disposed of as required by law.

SASKATOON HOUSING AUTHORITY

525 24TH STREET EAST

SASKATOON SK S7K 0K9

PHONE: 306.668.2700 / FAX: 306.668.2701

Date: _____

Dear Employer:

Re: _____
Full Name and Address

The above individual has applied for accommodation under the management of the Saskatoon Housing Authority. In accordance with the requirements for our housing, the incomes of all families must be verified.

It would be appreciated if you would supply the information indicated below and we that you in advance for your cooperation with this request.

THE SASKATOON HOUSING AUTHORITY

1. Current Rate of Pay \$ _____ per _____
(hourly, weekly, biweekly, semi-monthly or monthly)
2. Total Earnings During the Past 12 Months \$ _____
3. Number of Work Hours per Week _____. **If hours vary, please indicate maximum _____ hours per week.**
4. Employment Start Date _____, _____
(day/month) (year)

Company Name _____ Phone _____

Authorized Signature _____ Title _____

Date _____



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REFERENCE AND TENANCY HISTORY

DATE: _____
NAME: _____
RENTAL ADDRESS: _____

The Saskatoon Housing Authority reserves the right to contact the landlord to verify all information is true and correct.

I hereby authorize _____ to disclose information regarding my tenancy at the above address to the Saskatoon Housing Authority.

Name _____ Date _____
Signature _____

TO BE COMPLETED BY THE LANDLORD

Tenancy from _____ to _____

Monthly Rent Payable \$ _____

Lease Terms:

- Month to Month: _____
Six Month Expiry Date: _____
One Year Expiry Date: _____

Rental Payments:

- Pays consistently on or before the 1st of the month
Pays usually on or before the 1st of the month
Pays usually on or before the 5th of the month
Pays usually before the 15th of the month
Pays balance of rent by the 20th of the month
Always late
Other
Tenant calls to make/discuss payment arrangements when necessary
Number of late rent notices on file: _____
Number of evictions due to non-payment of rent: _____
Arrears outstanding to date: _____

Utilities included with rent:

- Energy
- Water
- Power

Unit Maintenance

- Excellent
- Good
- Fair
- Poor
- Unknown/not noted in file

Yard Maintenance

- Good
- Poor
- Not applicable

- Complaints / Tenancy Problems
- Pet on premises when not allowed
- Others living in unit when not on Lease Agreement
- Noise/Disturbance/Illegal Activity _____ Number of Complaints _____
- Pest infestations: Bedbugs _____ Cockroaches _____ Other _____

Gave Proper Notice?

- Yes
- No

Balance owing on vacating:

Rent Outstanding _____ Damages _____ Cleaning _____

General Comments:

- Security Deposit
- Was returned in full
- Partially returned – Explain _____
- Not returned

Stamp or Rental Agency (if applicable) _____

Name

Signature

Daytime Phone