



Housing Application Form

Check the housing program you are applying for:

Programs are available only to people who are legally allowed to be in Canada and who are not foreign visitors or students.

Social Housing Program

Available throughout Saskatchewan, the Social Housing Program is for low-income families, seniors (aged 60+), and persons with disabilities who are able to live independently with or without community supports. Program applicants are prioritized based on need.

Life Lease Program

Available in select urban centres, Life Lease is for seniors (aged 60+) who seek suitable housing and security of tenure in exchange for a deposit and monthly fee. The program has income and asset limits to ensure that seniors in greatest need have access to housing.

Seniors Housing Program

The Seniors Housing Program provides rental housing to seniors (aged 60+) living in select rural communities who are ineligible for the Social Housing Program because of their incomes and assets.

FOR OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Previously Rented with Housing |
| <input type="checkbox"/> Birthdate | <input type="checkbox"/> Bedrooms Required |
| <input type="checkbox"/> Sin | <input type="checkbox"/> Signature |
| <input type="checkbox"/> Address | <input type="checkbox"/> Landlord Reference Form |
| <input type="checkbox"/> Gross Monthly Income | <input type="checkbox"/> Current Income tax |
| <input type="checkbox"/> Total Assets | <input type="checkbox"/> Income Verification(Stub) |



For more information about these programs, contact your local housing authority.

For office use only

Program: Social Life Lease Seniors Affordable

Part A

Applicant — Personal Information

1. Applicant: _____
Last name First name Middle name(s)
2. Home address: _____
Unit number and address PO Box

City/Town Province Postal code
3. Marital status: Single Married Divorced Common law Widowed Other
4. SIN: _____ 5. Email: _____
6. Phone numbers: Home: _____ Work: _____ Cell: _____
7. Gender: Male Female 8. Date of birth: MM / DD / YYYY
9. Alternate contact: Name: _____ Contact number: _____
10. Have you previously rented from a housing authority in Saskatchewan? Yes No
If yes: Address: _____ City: _____

Co-applicant — Personal Information

If there is no co-applicant, go to Part A — Household Information

11. Co-applicant: _____
Last name First name Middle name(s)
12. Relationship to applicant: _____
13. Home address: _____
Unit number and address PO Box

City/Town Province Postal code
14. Marital status: Single Married Divorced Common law Widowed Other
15. SIN: _____ 16. Email: _____
17. Phone numbers: Home: _____ Work: _____ Cell: _____
18. Gender: Male Female 19. Date of birth: MM / DD / YYYY
20. Alternate contact: Name: _____ Contact number: _____
21. Have you previously rented from a housing authority in Saskatchewan? Yes No
If yes: Address: _____ City: _____

Household Information

22. Complete for each household member other than the applicant and co-applicant (include children):

Last name	First name	Relationship to applicant	Gender (M / F)	Date of birth
_____	_____	_____	_____	<u>MM</u> / <u>DD</u> / <u>YYYY</u>
_____	_____	_____	_____	<u>MM</u> / <u>DD</u> / <u>YYYY</u>
_____	_____	_____	_____	<u>MM</u> / <u>DD</u> / <u>YYYY</u>
_____	_____	_____	_____	<u>MM</u> / <u>DD</u> / <u>YYYY</u>
_____	_____	_____	_____	<u>MM</u> / <u>DD</u> / <u>YYYY</u>
_____	_____	_____	_____	<u>MM</u> / <u>DD</u> / <u>YYYY</u>

23. Do the children reside in the home **more** than half of the time? Yes No

24. The number of household members will increase (e.g. a new baby) on: MM / DD / YYYY

25. If a member of the household has a permanent disability that has a housing-related impact, please describe this individual's housing needs: _____

26. If you own pets, indicate the number and type: _____

Many Saskatchewan housing authorities have a strict no-pets policy. Check with your local housing authority for current rules and regulations.

Part B

Eligibility — Household Income

27. Complete A, B and C below for **each household member 18 or older**. *Do not include dependents 25 or younger who are full-time students.*

A. Enter the amount claimed on Line 150 of the most recent income tax return filed by:
Applicant: \$ _____ Co-applicant: \$ _____ All others: \$ _____

B. Attach the following income information (where applicable):

- 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 (available by calling 1-800-959-8281)
- Pay stubs from the most recent three months of work

C. Attach proof of non-taxable income and income earned outside Canada for the past year, including:

- Income earned on reserve
- First Nations funding
- Student grants and bursaries
- War Veterans Allowance
- Child support payments

Eligibility — Household Assets

28. Enter the total values of assets (held in Canada or a foreign country) for **each household member 18 or older**. Do not include dependents 25 or younger who are full-time students. "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	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 <i>Do not include locked-in investments that are inaccessible (e.g. a trust fund where the age requirement has not yet been met).</i>	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	Primary residence.	
	Other land and buildings (including farm land), vacation home, and rental property.	
D. Retirement savings plans <i>Do not include funds converted to income (e.g. Registered Retirement Income Fund).</i>	Registered Retirement Savings Plans (RRSPs).	
	Company and private pension plans.	
E. Vehicles	Primary vehicle (enter the value less \$35,000. If the result is negative, enter 0). A primary vehicle is the one the household uses most for transportation.	
	Secondary vehicles, including business vehicles.	
	Recreational vehicles, including boat, trailer, ATV, etc.	
F. Valuable personal effects	Jewelry, antiques, collections, etc. Only declare a collective amount over \$10,000.	
For G and H, only declare items <i>not</i> being used to generate income.		
G. Business/farm assets <i>Include real estate in Section C above.</i>	Business cash, stock, inventory, raw materials, tools, equipment, machinery, livestock, furniture, etc.	
H. Tools of the trade	Tools, machinery, computers, electronics, musical instruments, etc.	
TOTAL		

Part C

Applicant — Rental History

29. Do you owe money to a housing authority or SHC? Yes No
30. Are you a first-time renter or current homeowner? Yes No *If yes, go to Part D*
31. Current landlord: Agency/Name: _____ Contact: _____
Phone number: _____ Fax number: _____
Address: _____ City: _____
Email: _____ Tenancy start: MM / DD / YYYY

32. Previous landlord: Agency/Name: _____ Contact: _____
Phone number: _____ Fax number: _____
Address: _____ City: _____
Tenancy start: MM / DD / YYYY Tenancy end: MM / DD / YYYY

Co-applicant — Rental History

If there is no co-applicant, go to Part D — Assessment for Priority

33. Do you owe money to a housing authority or SHC? Yes No
34. Are you a first-time renter or current homeowner? Yes No *If yes, go to Part D*
35. Do you have the same rental references as the applicant? Yes No *If yes, go to Part D*
36. Current landlord: Agency/Name: _____ Contact: _____
Phone number: _____ Fax number: _____
Address: _____ City: _____
Email: _____ Tenancy start: MM / DD / YYYY
37. Previous landlord: Agency/Name: _____ Contact: _____
Phone number: _____ Fax number: _____
Address: _____ City: _____
Tenancy start: MM / DD / YYYY Tenancy end: MM / DD / YYYY

Part D

Assessment for Priority

38. I am/we are currently (check only the **one** that applies):

- Homeless or at 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: _____

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

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

40. Check **all** that apply:

- I am experiencing financial hardship because of my or a household member's poor health
- I have or a household member has a medical issue that would improve in a different home
- I find or a household member finds it difficult to cope because of the current home
- I have or a household member has a wheelchair or impaired mobility and the current home is not accessible and cannot be modified
- I have or a household member has a mobility issue that requires modifications (e.g. grab bars) and the current home does not have these modifications and cannot be modified

41. How many of the following are in your current home?

Adults: _____ Children: _____ Bedrooms: _____

42. Check **all** that apply:

- My family is separated or at risk of being separated because the current home isn't big enough
- I need to move because of stress or conflict between current household members
- I have received a notice of eviction without cause
- I/we have poor access to work, services, school, or childcare because of limited or no access to transportation

43. The household receives \$_____ (monthly) for the Saskatchewan Rental Housing Supplement.

44. The household's current monthly shelter costs:

Mortgage payment or rent: \$_____ Property tax: \$_____

Homeowner/tenant insurance: \$_____ Heating: \$_____

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 Saskatchewan Housing Corporation (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 and Part B of this application and to collect and use information from third parties for any of the following reasons:

- To verify the accuracy of information provided to third parties.
- To determine if I am eligible for housing under the program for which I am applying.
- To verify my continued eligibility for the housing program in which I am participating.
- For SHC and Canada Mortgage and Housing Corporation (CMHC) audit and evaluation purposes to assess the effectiveness of the 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 for any of the following reasons:

- To make inquiries to my previous landlords or respond to inquiries from my future landlords regarding my tenant history.
- To collect rent arrears or any other amount I owe to SHC.
- For SHC and CMHC audit and evaluation purposes to assess the effectiveness of the program.

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

- To assess and prioritize my need for housing.
- To consider my preferences for housing.
- For SHC and CMHC audit and evaluation purposes to assess the effectiveness of the Social Housing Program.

The information you provide in this application is used to determine your eligibility for housing programs offered by SHC. The information is protected by *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.

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

MM / DD / YYYY

Signature of applicant

MM / DD / YYYY

Signature of co-applicant

For office use only

Application received on: MM / DD / YYYY