

SOCIAL HOUSING PROGRAM APPLICATION GUIDE FAMILIES, SINGLES, COUPLES AND PERSONS WITH DISABILITIES

Thank you for your interest in applying for the **Family Social Housing Program**, a subsidized housing program for low income persons with dependents and those with cognitive and physical disabilities.

To be eligible for this program your income must be below the following limits:

Income Limit by Family Size As of July 1 st 2025	Max. Annual Income
Families with no dependents	\$47,000/ yr
Families with one dependent	\$58,500 / yr
Families with two or three dependents	\$70,000/ yr
Families with four or more dependents	\$86,000 / yr

Asset Limit	\$50,000
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**ALL SHC
PROPERTIES ARE
NO SMOKING
EFFECTIVE
AUGUST 1, 2018**



INCOME DOCUMENTS ARE REQUIRED IN ORDER TO DETERMINE YOUR ELIGIBILITY.

1. Gather the required documentation listed below and complete application form in full.
2. Bring what you have and come into our office to have your documents reviewed.
3. If all documents are correct, an appointment will be scheduled by phone.
4. If you are unable to complete the application form a scheduled appointment will be booked to fill out the application form with you.

➤ *If anything is missing, the application will not be processed until you have all required information.*

INCOME VERIFICATION: Required for each family member over the age of 18

- **INCOME TAX:** a copy of the **2024 T1 General Form** (see sample) you sent to Canada Revenue Agency (CRA) - **NOT** the Notice of Assessment. If you do not have a copy of your T1 General **please phone CRA at 1-800-267-6999 or 1-800-387-1193** and request: **Proof of Income Statement**. The Proof of Income Statement can also be downloaded from your CRA account.
- **EMPLOYMENT VERIFICATION:** we require the last 12 months of pay stubs. If your income is steady and does not fluctuate, the Income Verification Form in this guide can be completed or a letter from your employer stating the gross rate of pay, hours per week and total earnings for the last 12 months. **Remember that tips/gratuities, alimony/maintenance, and commissions are all considered income and must be reported.**
- **EMPLOYMENT INSURANCE:** weekly earnings and number of weeks of entitlement (see sample printout).
- **INCOME ASSISTANCE (SIS, SAID, PTA) or WORKER'S COMPENSATION:** we require photocopies of your most recent benefit statement, cheque or stub.
- **PENSIONS:** we require photocopies of your most recent cheques. If you receive your payments Direct Deposit we also require a copy of your most recent 30-day bank statement.

- **IF YOU ARE IN RECEIPT OF A STUDENT LOAN, BURSARY, OR SCHOLARSHIP:** we require copies of your schedules showing the payments you received or will receive and the start and end dates of the educational program.

RENTAL REFERENCES:

Please provide two (2) mandatory rental references, including current and previous rental addresses, # of years rented, landlord names and telephone numbers & addresses.

Please see Rental Reference Form in this guide.

If you do not have 2 rental references, **we can accept character letters** from individuals who are not family or close friends.

Following your telephone appointment, your application will be processed, and you will be contacted regarding your eligibility for the Social Housing Program.

*****Due to the volume of inquiries, we are unable to provide status updates.*****

Applications with rental references are processed by Management weekly.

In the meantime, if your situation or contact information has changed, please contact our office at 306-445-4393.

FAMILY SOCIAL HOUSING UNITS

- *Rent = 30% of gross monthly household income (some inclusions & exclusions apply)*
- *Minimum rent that can be charged is \$326 per month*
- *All units have a fridge & stove*
- *Houses: Tenant pays all utilities (heating allowance may apply)*
- *Security Deposit of \$326*
- *NO PETS*
- *NO SMOKING: All family units are smoke-free (no smoking or vaping except in designated outdoor smoking areas.*

SAMPLE INCOME VERIFICATIONS

Example of EI online report:

My Current Claim

Don't forget to
Log out
before leaving the site

<u>Start Date of Claim:</u>	April 26, 2015
<u>Waiting Period:</u>	April 26, 2015 to May 09, 2015
<u>Type of Benefit:</u>	Regular benefits
<u>Total Insurable Earnings:</u>	\$13,327
<u>Benefit Rate:</u>	\$524
<u>Federal Tax:</u>	\$10
<u>Total Insurable Hours:</u>	1820
<u>Total Weeks of Regular Entitlement:</u>	45
<u>Weeks of Regular Benefits Paid:</u>	15
<u>Total Weeks Paid:</u>	15
<u>Return to Work:</u>	August 17, 2015
<u>End Date of Claim:</u>	April 23, 2016 [1]
<u>Last Report Processed:</u>	August 16, 2015 to August 29, 2015

Income Tax and Benefit Return

Protected B when completed

If this return is for a deceased person, enter their information on this page.

For more information, go to canada.ca/taxes-deceased-file-final-return.

Attach to your paper return only the documents that are requested to support your deduction, claim, or expense. Keep all other documents in case the Canada Revenue Agency (CRA) asks to see them later.

Step 1 – Identify the function and other information

Identification		Social insurance number (SIN)	Marital status on December 31, 2024:
First name	Last name	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-family: monospace; font-size: 1.2em;">■■■■■</div>	1 <input type="radio"/> Married
Mailing address (apartment - number, street)		Date of birth (Year Month Day) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-family: monospace; font-size: 1.2em;">■■■■■■■■■■</div>	2 <input type="radio"/> Living common-law
PO Box	RR	If this return is for a deceased person , enter the date of death (Year Month Day) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-family: monospace; font-size: 1.2em;">■■■■■■■■■■</div>	3 <input type="radio"/> Widowed
City	Prov./Terr.	Postal code <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-family: monospace; font-size: 1.2em;">■■■■■</div>	4 <input type="radio"/> Divorced
Email address			5 <input type="radio"/> Separated
By providing an email address, you are registering for email notifications and will no longer receive paper mail from the CRA. You agree to the Terms of use found at canada.ca/cra-email-notifications-terms .		Your language of correspondence: Votre langue de correspondance :	6 <input type="radio"/> Single <div style="margin-top: 10px;"> <input checked="" type="radio"/> English <input type="radio"/> Franyais </div>

Residence information

Residence information	
Your province or territory of residence on December 31, 2024: <hr/>	If you became a resident of Canada in 2024 for income tax purposes, <u>enter your date of entry:</u>
Your current province or territory of residence if it is different than your mailing address above: <hr/>	(Month Day) } } }
Provinces or territories where your businesses had permanent establishments if you were self-employed in 2024: <hr/>	if you ceased to be a resident of Canada in 2024 for income tax purposes, enter your <u>date of departure:</u>
	(Month Day) } } }

Your spouse's or common-law partner's information

Their first name Their SIN 11111111
Tick this box if they were self-employed in 2024.
 Net income from line 23600 of their return to claim certain credits
 (or the amount that it would be if they filed a return, even if the amount is "0")
Amount of universal child care benefit (UCCB) from line 11700 of their return
 Amount of UCCB repayment from line 21300 of their return

Do not use this area.

[illegible]

Protected B when completed

Complete only the lines that apply to you, unless stated otherwise. You can find more information about the lines on this return by going to **canada.ca/line-xxxxx** and replacing "xxxxxx" with any five-digit line number from this return. For example, go to **canada.ca/line-10100** for information about line 10100.

Step 2-Total income

As a resident of Canada, you need to report your income from all sources inside and outside Canada.

Employment income box 14 of all T4 slips		10100	
Tax-exempt income for emergency services volunteers	10105		
Commissions included on line 10100 box 42 of all T4 slips)	10120		
Wage-loss replacement contributions	10130		
Other employment income		10400 +	2
Old age security (OAS) pension (box 18 or the T4A(OAS) slip)		11300 +	3
CPP or OPP benefits box 20 of the T4A(P) slip)		11400 +	4
Disability benefits included on line 11400 (box 16 of the T4A(P) slip)	11410		
Other pensions and superannuation		11500 +	5
Elected split-pension amount (complete Form T1032)		11600 +	6
Universal child care benefit (UCCB) (see the RC62 slip)		11700 +	7
UCCB amount designated to a dependant	11701		
Employment insurance (EI) and other benefits (box 14 of the T4E slip)		11800 +	8
Eligible maternity and parental benefits, and provincial parental insurance (EI) benefits	11905		
Taxable amount of dividends from taxable Canadian corporations (use Federal Worksheet):			
Amount of dividends (eligible and other than eligible)		12000 +	9
Amount of dividends (other than eligible)	120101		
Interest and other investment income (use Federal Worksheet)		12100 +	10
Net partnership income (limited or non-active partners only)		12200 +	11
Registered disability savings plan (RDSP) income (box 131 of the T4A slip)		12500 +	12
Rental income (see Guide T4036) Gross/12599		Net 12600 +	13
Taxable capital gains (complete Schedule 3)	121001	14	
Capital gains reduction (complete Schedule 3)	127011	15	
Line 14 minus line 15			16
Support payments received (see Guide P102) Total/12799		Taxable amount 12800 +	17
Registered retirement savings plan (RRSP) income (from all T4(RSP) slips)		12900 +	18
Taxable first home savings account (FHSA) income (see the T4FHSA slip)		12905 +	19
Taxable FHSA income - other (see the T4FHSA slip)		12906 +	20
Other income (specify):		13000 +	21
Taxable scholarships, fellowships, bursaries and artists' project grants		13010 +	22
Add lines 1 to 13 and lines 16 to 22.			23
Self-employment income (see Guide T4002):			
Business income Gross/13499	Net/1100		24
Professional income Gross/13699	Net/13700 +		25
Commission income Gross/13899	Net/13900 +		26
Farming income Gross/14099	Net/14100 +		27
Fishing income Gross/14299	Net/14300 +		28
Add lines 24 to 28.	Net self-employment income		29
Line 23 plus line 29			
Workers' compensation benefits (box 10 of the T5007 slip)	144001		31
Social assistance payments	14500 +		32
Net federal supplements paid (box 21 of the T4A(OAS) slip)	14600 +		33
Add lines 31 to 33 (see line 25000 in Step 4).	14700 =		34
Line 30 plus line 34			35
Total income 1150001-			36

Samples of Forms

Canada Revenue Agency / Agence du revenu du Canada **NOTICE OF ASSESSMENT** T451 E (06)

Date May 5, 2007	Name Jane Doe	Social insurance no. 123 456 789	Tax year 2007	Tax centre Saskatoon QC Q9N 758
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Summary

Line	Description	\$ Amount
150	Total income.....	10,000
	Deductions from total income.....	000
236	Net income.....	10,000
240	Taxable income.....	10,000
4100	Total Ontario non-refundable tax credits.....	000
420	Net federal tax.....	0,000.00
428	Net Ontario tax.....	0,000.00
430	Total payable.....	0,000.00
437	Total income tax deducted.....	0,000.00
440	CPP Overpayment.....	0.00
442	Total credits.....	0,000.00
	(Total payable minus total credits).....	000.00
	Balance from this assessment.....	CR 000.00
	Direct deposit.....	CR 000.00

2008 RRSP Deduction Limit Statement

The back of this notice contains important information. Amounts marked with an asterisk (*) cannot be less than zero.

RRSP deduction limit for 2007	\$15,794
Minus: Allowable RRSP contributions deducted in 2007	000
Unused RRSP deduction limit at the end of 2007	\$15,794
Plus: 18% of 2007 earned income of \$100,000 = (max. \$18,000)	18,000
Minus: 2007 pension adjustment	00
2008 net past service pension adjustment	00
Plus: 2008 pension adjustment reversal	00
Your RRSP deduction limit for 2008	\$33,794 (A)

You have \$33,794 (B) of unused RRSP contributions available for 2008. If this amount is more than amount (A) above, you may have to pay a tax on the excess contributions.

Canada Revenue Agency / Agence du revenu du Canada **NOTICE OF ASSESSMENT** T451 E (06)

Date June 27, 2008	Name Jane Doe	Social insurance no. 123 456 789	Tax year 2007	Tax centre Winnipeg MB R3C 3M2
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Summary

Line	Description	\$ Amount
150	Total income.....	99,170
	Deductions from total income.....	17,783
236	Net income.....	81,387
260	Taxable income.....	81,387
350	Total federal non-refundable tax credits.....	1,938
6150	Total Saskatchewan non-refundable tax credits.....	1,294
420	Net federal tax.....	12,895.26
421	CPP contributions payable.....	3,979.80
428	Net Saskatchewan tax.....	7,518.33
430	Total payable.....	24,393.39
437	Total income tax deducted.....	1,533.41
476	Tax paid by instalments.....	22,860.00
480	Total credits.....	24,393.41
	(Total payable minus Total credits).....	(0.02)
	Arrears interest.....	DR 246.60
	Balance from this assessment.....	DR 246.58
	Balance due.....	DR 246.58

2008 RRSP Deduction Limit Statement

The back of this notice contains important information. Amounts marked with an asterisk (*) cannot be less than zero.

RRSP deduction limit for 2007	\$15,794
Minus: Allowable RRSP contributions deducted in 2007	\$15,794
Unused RRSP deduction limit at the end of 2007	\$0
Plus: 18% of 2007 earned income of \$96,267 = (max. \$20,000)	\$17,328
Minus: 2007 pension adjustment	00
2008 net past service pension adjustment	00
Plus: 2008 pension adjustment reversal	00
Your RRSP deduction limit for 2008	\$17,328 (A)

You have \$24,206 (B) of unused RRSP contributions available for 2008. If this amount is more than amount (A) above, you may have to pay a tax on the excess contributions.

Samples of Forms - Not Accepted - Notice of Assessment

INCOME VERIFICATION FORM

CONFIDENTIAL

This tenant is applying for occupancy of a dwelling unit under the management of The Battlefords Housing Authority. In accordance with the requirements for public housing, the income of all applicants must be verified.

The applicant has authorized the securing of this information (see below) and has provided your name as an employer. It would be appreciated if you would supply the information indicated below to support the application. Thank you for your co-operation and support of this application.

TO BE COMPLETED BY THE EMPLOYER ONLY

Please supply the GROSS MONTHLY INCOME for the following time period:

_____/_____/_____/_____
Month Year Month Year

Indicate Pay Period Type: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly							
	Month	Gross Amount (\$)	Hours/Week Worked		Month	Gross Amount (\$)	Hours/Week Worked
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			
	?	<ul style="list-style-type: none"> Please put asterisk (*) beside any month where there were <u>3 pay periods</u> If no income was earned in one or any of these months please print "NO INCOME" for that month 					

Completed by (Paymaster): _____ Completed on: ____/____/____
PLEASE PRINT MM DD YY

Paymaster Signature: _____ **NOTE: It is Fraudulent to make a False Declaration.**

Name of Firm: _____ Address: _____

City: _____ Phone Number: _____ Fax Number: _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

Employee Name: _____ Employee Signature: _____
PLEASE PRINT

Address: _____ Phone Number: _____

Reference & Tenant History

Applicant/Co-applicant Information



Name(s): _____
Applicant *Co-applicant*

Tenancy Information

Landlord Name: _____

Phone Number(s): _____ Email: _____

Rental Address: _____

Number of adults: _____ Number of children: _____ Number of bedrooms: _____

Dates of tenancy: _____
Start Date (MM/DD/YYYY) *End Date (MM/DD/YYYY)*

Paid rent on time: ☐ Always ☐ Usually ☐ Rarely

Arrears/Additional Charges: ☐ No arrears/charges
☐ Arrears/charges existed but have been paid
☐ Outstanding arrears/charges

Comments about rent/arrears:

Unit Maintenance: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
Yard Maintenance: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ N/A

Comments about maintenance:

Complaints/Tenancy Issues: ☐ Caused noise/disturbance
(Check all that apply) ☐ Allowed pets or people not listed on lease to live in unit
☐ Caused damage to the unit
☐ Other lease violations (explain in comments)

Comments about complaints/tenancy issues:

I would rent to this tenant again: ☐ Yes ☐ No
The tenant gave proper notice: ☐ Yes ☐ No ☐ N/A
Security deposit returned: ☐ Yes ☐ No ☐ Partial ☐ N/A

Name *Signature* *Date*

Reference & Tenant History

Applicant/Co-applicant Information



Name(s): _____
Applicant *Co-applicant*

Tenancy Information

Landlord Name: _____

Phone Number(s): _____ Email: _____

Rental Address: _____

Number of adults: _____ Number of children: _____ Number of bedrooms: _____

Dates of tenancy: _____
Start Date (MM/DD/YYYY) *End Date (MM/DD/YYYY)*

Paid rent on time: ☐ Always ☐ Usually ☐ Rarely

Arrears/Additional Charges: ☐ No arrears/charges
☐ Arrears/charges existed but have been paid
☐ Outstanding arrears/charges

Comments about rent/arrears:

Unit Maintenance: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
Yard Maintenance: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ N/A

Comments about maintenance:

Complaints/Tenancy Issues: ☐ Caused noise/disturbance
(Check all that apply) ☐ Allowed pets or people not listed on lease to live in unit
☐ Caused damage to the unit
☐ Other lease violations (explain in comments)

Comments about complaints/tenancy issues:

I would rent to this tenant again: ☐ Yes ☐ No
The tenant gave proper notice: ☐ Yes ☐ No ☐ N/A
Security deposit returned: ☐ Yes ☐ No ☐ Partial ☐ N/A

Name

Signature

Date



Housing Application

About Housing

Saskatchewan Housing Corporation (SHC) offers affordable housing for seniors, families and individuals with low to moderate incomes, and people living with disabilities. People in greatest need of housing are SHC's priority. Rent is based on a tenant's household income or is fixed at an affordable rate.

Housing is available in about 270 communities across Saskatchewan and is managed by local housing authorities. Housing is available to people who are:

- Able to live independently with or without community supports; and
- Legally allowed to reside in Canada (Canadian citizen, permanent resident, refugee claimant, temporary resident with current work or study permit).

Some communities have fully accessible units for people with disabilities.

For emergency shelter, contact the shelters in your community. If you require information about emergency shelters, you can visit sk.211.ca, text "Hello" to 211, or call 211.

Applying for Housing

This package includes a checklist of additional documents that might be required to support your application. Your local housing authority can provide direction about which documents you will need to submit.

After reviewing your application, the housing authority will call you for an interview to fully assess your need for housing and understand your housing preferences.

The information you provide in this application is protected by *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.

If you have any questions or would like more information, contact your local housing authority.



Document Checklist

Your housing authority will let you know which of these documents are required for your application.

☐ Residency Information

If you are NOT a Canadian citizen, provide copies of documents pertaining to immigration status:

- ☐ Permanent Resident card (front and back)
- ☐ Refugee Protection Claimant document
- ☐ Notice of Decision
- ☐ Work Permit and/or Study Permit

☐ Rental References

If required by your housing authority, provide:

- ☐ Completed rental reference forms (available from the housing authority) for the applicant and co-applicant. If you do not have any rental references, your housing authority might ask you to provide letters from character references.

☐ Proof of Before-Tax Household Income

Income verification is required for all household members age 18 and over, excluding dependants under the age of 25 who are full-time students.

For any household members who filed a tax return last year, provide:

- ☐ Income tax return and Notice of Assessment
- OR
- ☐ Proof of Income Statement (Option C), a simple version of your tax assessment that you can obtain by calling Canada Revenue Agency at 1-800-267-6999.

You can also obtain your Notice of Assessment or Proof of Income Statement online at [CRA My Account](#).

If you did not file a tax return last year or if your income has changed significantly since last year, you can provide alternate documents as proof of income. The following list provides examples of documents your housing authority might ask you to submit.

- Employment income, income earned on reserve, and self-employment income (last 3 months)
- EI (last month)
- Worker's Compensation (last month)
- Assistance benefits, such as SAP, SIS, TEA, SAID, PTA (last month)
- Investment income or dividends and rental property income (last year)
- Retirement savings withdrawals from a plan, such as a RRSP
- Pension income, including work pension, private pension, and CPP (last month)
- OAS and benefits including GIS (last month)
- Federal veterans benefits and disability benefits (last month)
- Scholarships, bursaries, grants, band funding, and tuition paid (current school year)
- Child support and spousal support, both paid and received (last month)

You might be asked to provide additional proof of income (up to 12 months).

Applicant

Personal Information

Applicant:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First name</i>	<i>Middle name(s)</i>	<i>Last name</i>
Current Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Unit number and address</i>	<i>PO Box</i>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
Marital Status:	<input type="radio"/> Single/Widowed/Separated/Divorced		<input type="radio"/> Married/Common-law
Social Insurance Number:	<input type="text"/>	Email:	<input type="text"/>
Phone Numbers:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Home</i>	<i>Work</i>	<i>Cell</i>
Gender:	<input type="radio"/> F	<input type="radio"/> M	<input type="radio"/> X
	Birthdate:		<input type="text"/>
			<i>MM/DD/YYYY</i>
Alternate Contact:	<input type="text"/>		<input type="text"/>
<i>(Optional)</i>	<i>Name</i>		<i>Phone number</i>
Canadian residency status:	<input type="radio"/> Canadian Citizen	<input type="radio"/> Permanent Resident	<input type="radio"/> Temporary Resident
	<input type="radio"/> Refugee Claimant	<input type="radio"/> Other:	<input type="text"/>

Rental History and References

Do you currently live in a home you own?	<input type="radio"/> Yes	<input type="radio"/> No
Are you a first time renter?	<input type="radio"/> Yes	<input type="radio"/> No
If you have rented from a housing authority, which one?	<input type="text"/>	
Do you owe money to a housing authority or SHC?	<input type="radio"/> Yes	<input type="radio"/> No

Provide contact information for your current and previous landlords. If you have not rented, provide two character references that are not friends or family (teacher, support worker, health professional, etc.).

Current Landlord:	Name:	<input type="text"/>	Contact:	<input type="text"/>
<i>(or Character Reference)</i>			<i>(If applicable)</i>	
	Phone	<input type="text"/>	Email:	<input type="text"/>
	Tenancy start:	<input type="text"/>		
	<i>(If applicable)</i>	<i>MM/DD/YYYY</i>		
Previous Landlord:	Name:	<input type="text"/>	Contact:	<input type="text"/>
<i>(or Character Reference)</i>			<i>(If applicable)</i>	
	Phone	<input type="text"/>	Email:	<input type="text"/>
	Tenancy start:	<input type="text"/>	Tenancy end:	<input type="text"/>
	<i>(If applicable)</i>	<i>MM/DD/YYYY</i>	<i>(If applicable)</i>	<i>MM/DD/YYYY</i>

Co-applicant

If there is no co-applicant, go to Household.

Personal Information

Co-applicant:

First name

Middle name(s)

Last name

Relationship to applicant:

Current Address:

☐ Same as applicant

Unit number and address

PO Box

City/Town

Province

Postal Code

Marital Status:

☐ Single/Widowed/Separated/Divorced

☐ Married/Common-law

Social Insurance Number:

Email:

Phone Numbers:

Home

Work

Cell

Gender:

☐ F

☐ M

☐ X

Birthdate:

MM/DD/YYYY

Alternate Contact:

(Optional)

Name

Contact phone number

Canadian residency status:

☐ Canadian Citizen

☐ Permanent Resident

☐ Temporary Resident

☐ Refugee Claimant

☐ Other:

Rental History and References

Do you currently live in a home you own?

☐ Yes

☐ No

Are you a first time renter?

☐ Yes

☐ No

If you have rented from a housing authority, which one?

Do you owe money to a housing authority or SHC?

☐ Yes

☐ No

Do you have the same references as the applicant?

☐ Yes

☐ No

If yes, go to Household

Provide contact information for your current and previous landlords. If you have not rented, provide two character references that are not friends or family (teacher, support worker, health professional, etc.).

Current Landlord:

(or Character Reference)

Name:

Phone

Tenancy start:

(If applicable)

MM/DD/YYYY

Contact:

(If applicable)

Email:

Previous Landlord:

(or Character Reference)

Name:

Phone

Tenancy start:

(If applicable)

MM/DD/YYYY

Contact:

(If applicable)

Email:

Tenancy end:

(If applicable)

MM/DD/YYYY

Household

Household Member Information

Provide details for each additional person who will live in the household, including children.

If you require additional space, please attach a page to your application.

First Name	Last Name	Birthdate (MM/DD/YYYY)	Gender (F/M/X)	Relationship to Applicant
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Will any children live in the home less than half of the time? ☐ Yes ☐ No

Will household size increase within the year? ☐ Yes ☐ No

(Expecting a new baby, child returning from care, elderly parent joining the household, etc.)

If a member of the household has a permanent disability, do you need:

☐ A fully accessible unit

Allows an individual using a wheelchair to live comfortably (lower counters, wider doorways, etc.)

☐ Other adaptations

Do you have or plan to have any animals? ☐ Yes ☐ No

Many Saskatchewan housing authorities have a strict no-pet policy.

Income and Assets

Did you file a tax return for the most recent tax year? ☐ Yes ☐ No

If you did not file a tax return, you can still apply for housing.

Are assistance benefits your only source of household income? ☐ Yes ☐ No

Assistance benefits include SAP, SIS, TEA, SAID, and PTA.

Are any dependent household members between the ages of 18 and 25 full-time students? ☐ Yes ☐ No

What is your yearly before-tax household income? \$

Include the income of all household members 18 years and older, excluding dependants under the age of 25 who are full-time students. If available, add up line 15000 of all applicable household members' most recent tax returns.

What is the total approximate value of your household assets? \$

Include the assets of all household members 18 years and older, excluding dependants under the age of 25 who are full-time students. The value of an asset is the amount you would receive if you sold the asset less any amount owing on it.

Consider:

- cash, investments, secondary vehicles, jewelry, antiques, collectibles, real estate, retirement savings; and
- business tools of the trade and assets such as cash, stock, inventory, equipment, livestock, etc. (only if the business is no longer operational).

Declaration and Consent

I declare that all the information in this application is true and complete.

I give consent to SHC and my housing authority to collect, use, and share information that I or another source provide during my application and my tenancy (if approved for a housing program) to:

- determine if I am eligible for a housing program; this includes verifying my household income with my employer, the Government of Saskatchewan, and/or the Government of Canada.
- verify my continued eligibility if I am approved for a housing program.
- contact previous landlords and respond to inquiries from future landlords regarding my tenant history.
- verify with a support service provider the services I received.
- contact my alternate contact (if provided) if I cannot be reached at the street address, phone numbers, or email address provided.
- collect arrears or any other amount owed to SHC.
- audit and evaluate the effectiveness of a housing program.

In addition, I give consent for my information to be used by:

- the Government of Saskatchewan (or a third party contracted by the Government of Saskatchewan) for analysis and research of its programs and services; this might involve my information being combined with information from other Government of Saskatchewan ministries and/or agencies, even if I do not receive a program benefit.
- the Government of Canada and its agents, including Statistics Canada and the Canada and Mortgage and Housing Corporation, for analysis and research of national housing programs.

I understand:

- if any information in my application is found to be false, my application might not be considered, or if I have been placed in a rental unit, I might be required to vacate the unit.
- this application does not obligate SHC to provide me with a housing program benefit.
- the information I provide during the application process and my tenancy will be collected, used, kept, and disposed of as required by law.
- I may withdraw consent for the use of my information by contacting SHC at 1-800-667-7567. Withdrawal of consent will be effective the date I notify SHC; it will not be retroactive. Withdrawal of consent might affect my ability to continue receiving a housing program benefit.

Signature of applicant

Date (MM/DD/YYYY)

Signature of co-applicant

Date (MM/DD/YYYY)

Signature of other adult(s)

Date (MM/DD/YYYY)

Optional Declaration

Applicant: I choose to declare as ☐ Indigenous ☐ A visible minority ☐ A person with a disability

Co-applicant: I choose to declare as ☐ Indigenous ☐ A visible minority ☐ A person with a disability

For office use only (enter in HOMES) Program: ☐ Social ☐ Life Lease ☐ Seniors ☐ Affordable ☐ Other

Application received on: _____
MM/DD/YYYY