

# Application for Rental Housing

Social Housing is intended for low to moderate income households including families, seniors, and persons with a physical 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 does become available.

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

CONTACT INFORMATION	
Applicant's Name: _____ (Surname) (First) (Initial)	Co-Applicant's Name: _____ (Surname) (First) (Initial)
Date of Birth: (MM/DD/YYYY) ____ / ____ / ____	Date of Birth: (MM/DD/YYYY) ____ / ____ / ____
Social Insurance Number: ____ - ____ - ____	Social Insurance Number: ____ - ____ - ____
Home Address: Number / Street _____ Box / Mailing _____ City / Town _____ Province / Postal Code ____ / ____ - ____	Home Address: Number / Street _____ Box / Mailing _____ City / Town _____ Province / Postal Code ____ / ____ - ____
Daytime Phone Number: ____ - ____ - ____ Email Address: _____ Cell Phone Number: ____ - ____ - ____	Daytime Phone Number: ____ - ____ - ____ Email Address: _____ Cell Phone Number: ____ - ____ - ____

PART A – ELIGIBILITY			
Are you in Canada on a student visa or as a visitor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Complete the table below for each household member except yourself (applicant) and the co-applicant (if applicable):			
Last Name	First Name / Initial	Relationship to Applicant	Date of Birth (MM/DD/YYYY)
I/We have my/our child(ren) (check the one that applies): <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never			
If anyone in your household has a permanent disability that has a housing-related impact, please describe: _____ _____			
To allow us to determine your income, <b>attach all income information for each household member</b> 18 years of age or older, except dependants 25 or younger who are full-time students, and check what is attached: <ul style="list-style-type: none"> <li><input type="checkbox"/> Most recent T1 General – Income Tax and Benefit Return up to and including line 150.</li> <li><input type="checkbox"/> T451 Notice of Assessment from Canada Revenue Agency.</li> <li><input type="checkbox"/> Current "Option C" printout from Canada Revenue Agency showing all income sources.</li> <li><input type="checkbox"/> Pay stub if income has changed since filing the most recent T1 General or if no T1 General was filed.</li> <li><input type="checkbox"/> 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.)</li> </ul>			
Provide your household's current total gross monthly income: \$ _____			

If one of the descriptions below 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 one of the boxes above, please complete the section below:

Enter the values for the assets of all household members in the table below.

("Value" is the amount you could get for an item if you sold it, less any amount owing on it.)

Asset Type	Examples	Total Value(s)
<b>a. Cash</b> 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>b. Investments</b> Enter the value of financial investments that provide interest, 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 investments certificates (GICs), money market funds, etc.	
	Shares, stock options, and warrants in a business	
	Mineral rights, and oil and gas leases	
<b>c. Real Estate</b> Enter the value of land and buildings.	Primary residence	
	Other land and buildings, including farm land, vacation home, and rental property	
<b>d. Retirement Savings Plans</b> Enter the value of savings or investments for retirement. Do not include funds converted to income (e.g. Registered Retirement Income Fund – RRIF)	Registered Retirement Savings Plans (RRSPs)	
	Company and private pension plans	
<b>e. Vehicles</b> Enter the value of vehicles. (A primary vehicle is the one the household uses most for transportation.)	Primary vehicle (value less \$35,000 – if the result is negative, enter "0").	
	Secondary vehicles, including business vehicles	
	Recreational vehicles, including boat, trailer, ATV, etc.	
<b>f. Valuable Personal Effects</b> Enter the value of items that are not essential for day-to-day living.	Jewellery, antiques, collections, etc. Only declare collective amount over \$10,000.	
<b>Only declare items not being used to generate income.</b>		
<b>g. Business Assets</b> 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 in "c" above.)	
<b>h. Tools of the Trade</b> Enter the value of items you supply as an employed or contracted worker.	Tools, machinery, computer, electronics, musical instruments, etc.	
<b>TOTAL ASSETS</b>		<b>\$</b>

Complete the information below so that we are able to contact your rental references.	
<b>Applicant's Current Landlord</b> (if you are currently renting): Agency Name: _____ Contact Name: _____ Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____ Rental Address: _____ Tenancy <b>Started</b> (MM/YYYY): _____ / _____	<b>Co-Applicant's Current Landlord</b> (if you are currently renting): Agency Name: _____ Contact Name: _____ Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____ Rental Address: _____ Tenancy <b>Started</b> (MM/YYYY): _____ / _____
<b>Applicant's Previous Landlord</b> (if you rented in the past): Agency Name: _____ Contact Name: _____ Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____ Rental Address: _____ City / Town: _____ Tenancy <b>Started</b> (MM/YYYY): _____ / _____ Tenancy <b>Ended</b> (MM/YYYY): _____ / _____	<b>Co-Applicant's Previous Landlord</b> (if you rented in the past): Agency Name: _____ Contact Name: _____ Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____ Rental Address: _____ City / Town: _____ Tenancy <b>Started</b> (MM/YYYY): _____ / _____ Tenancy <b>Ended</b> (MM/YYYY): _____ / _____
Have you ever rented from a Housing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No in Saskatchewan? If Yes, which one? _____ Rental Address: _____ City / Town: _____ Do you owe money to a Housing Authority or SHC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever rented from a Housing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No in Saskatchewan? If Yes, which one? _____ Rental Address: _____ City / Town: _____ Do you owe money to a Housing Authority or SHC? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PART B – ASSESSMENT FOR PRIORITY</b>			
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): <input type="checkbox"/> 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). <input type="checkbox"/> Living in a home that I / we RENT. <input type="checkbox"/> Living in a home that I / we OWN. <input type="checkbox"/> Other – please explain: _____		
2.	My / our current home has (check all that apply): <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Outside doors that don't close / lock  <input type="checkbox"/> Roof / windows that leak when it rains  <input type="checkbox"/> Bedroom windows that don't open  <input type="checkbox"/> Exposed electrical wires  <input type="checkbox"/> Kitchen and/or bathroom that doesn't have hot and cold running water  <input type="checkbox"/> Toilet that doesn't work  <input type="checkbox"/> Furnace that can't keep our home warm (21°C)               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Persistent problems with insects / rodents  <input type="checkbox"/> A foundation that is caving in  <input type="checkbox"/> Doors, windows, stairs, etc. that are unsafe  <input type="checkbox"/> Hazards identified by a municipal building inspection, fire department, or health organization  <input type="checkbox"/> Environmental issues or pollution  <input type="checkbox"/> Other – explain: _____               </td> </tr> </tbody> </table>	<input type="checkbox"/> Outside doors that don't close / lock <input type="checkbox"/> Roof / windows that leak when it rains <input type="checkbox"/> Bedroom windows that don't open <input type="checkbox"/> Exposed electrical wires <input type="checkbox"/> Kitchen and/or bathroom that doesn't have hot and cold running water <input type="checkbox"/> Toilet that doesn't work <input type="checkbox"/> Furnace that can't keep our home warm (21°C)	<input type="checkbox"/> Persistent problems with insects / rodents <input type="checkbox"/> A foundation that is caving in <input type="checkbox"/> Doors, windows, stairs, etc. that are unsafe <input type="checkbox"/> Hazards identified by a municipal building inspection, fire department, or health organization <input type="checkbox"/> Environmental issues or pollution <input type="checkbox"/> Other – explain: _____
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<b>PART B – Assessment for Priority (continued)</b>	
3. Check all that apply:	<input type="checkbox"/> I am having financial hardship because of my / a household member's poor health. <input type="checkbox"/> I have/a household member has a medical issue that would improve if I/we had a different home. <input type="checkbox"/> I find / a household member finds it difficult to cope because of my / our current home.
4. Check all that apply:	<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. <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.
5. How many of the following are in your current home?	# of Bedrooms _____ # of Adults _____ # of Children _____
6. Check all that apply:	<input type="checkbox"/> My family is separated or at risk of being separated because our current home isn't big enough. <input type="checkbox"/> I need to move because of stress or conflict between current household members. <input type="checkbox"/> I have received a notice of eviction without cause. <input type="checkbox"/> I / we have poor access to work / services / school / childcare because of limited / no access to transportation (please provide details – e.g. distance to travel, etc.). _____
7. I receive / a household member receives income from (check the one that applies):	<input type="checkbox"/> Social Assistance Program (SAP) <input type="checkbox"/> Saskatchewan Assured Income for Disabilities (SAID) <input type="checkbox"/> Provincial Training Allowance (PTA) <input type="checkbox"/> Transitional Employment Allowance (TEA) <b>and my household's current total gross monthly income from other sources is <i>less than \$1,300.</i></b> <div style="text-align: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</div>
8. My household receives \$ _____ (total monthly amount) for the Saskatchewan Rental Housing Supplement (SRHS).	
9. My household's total <u>monthly</u> shelter costs include:	Mortgage payment or Rent      \$ _____ Property Tax                              \$ _____ Insurance                                      \$ _____ Heat (gas, oil, wood, etc.)              \$ _____ Water / Sewer                                \$ _____ TOTAL Monthly Shelter Costs    \$ _____

<b>PART C: OTHER</b>	
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.	Do you own any pets, and if so, indicate number and type? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Please note that Melfort Housing Authority has a "No Pets" policy.)</small>
3.	If you expect your household to increase (e.g. new baby), advise date: ____ / ____ / ____ (MM/DD/YYYY)
4.	How many bedrooms does your household require?
5.	Preferred location to live in Social Housing: (1) _____ (2) _____
6.	Next of Kin (to be notified in case of emergency) Name: _____ Address / Box #: _____ Relationship: _____ City / Town: _____ Telephone: ____ - ____ - ____ Cell #: ____ - ____ - ____ Province/Postal Code: ____ / ____ - ____

**I acknowledge that I have read the attached declaration and consent and agree to its terms.**

Signature of Applicant: \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date (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 (CMHC) 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 CMHC 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 CMHC 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, and kept and disposed of as required by law.

Signature of Applicant: \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONSENT TO RELEASE INFORMATION – UTILITY SERVICE**

To:     **SaskPower**    **SaskEnergy**    **City of Melfort**     (Utility Service Provider)

From: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Last Name                      First Name                      Middle Name or Initial                      Date of Birth (MM/DD/YYYY)

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Last Name                      First Name                      Middle Name or Initial                      Date of Birth (MM/DD/YYYY)

Previous Service Address: \_\_\_\_\_

Re: **Eligibility for Service**

The undersigned Applicant hereby acknowledges and confirms that:

1. The Applicant has applied to the **MELFORT Housing Authority** or Saskatchewan Housing Corporation (SHC) for housing accommodation in the community of MELFORT, Saskatchewan.
2. The Applicant has been informed by the **Melfort Housing Authority** and/or SHC, and understands that the Applicant is required to connect and maintain all essential public utility services (power, heat, sewer, and water) to the premises, and that payment of the charges associated with those services is the responsibility of the Applicant.
3. The Applicant consents to the **Melfort Housing Authority** and/or SHC contacting the Utility Service Provider:
  - At the time the Applicant applies for housing, for the purpose of confirming if the Utility Service Provider will provide service to the Applicant; and
  - In the event of non-payment of rent by the Applicant, for the purpose of confirming if the Utility Service Provider is pursuing the Applicant for collection of utility arrears.
4. The Applicant fully understands the content and purpose of this document.

Signature of Applicant: \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**CONFIRMATION OF UTILITY SERVICE PROVIDER / CORPORATION**

**The Utility Corporation:**      \_\_\_\_\_ **will provide service to the Applicant – no deposit required**  
   \_\_\_\_\_ **will provide service to the Applicant – deposit of \$ \_\_\_\_\_ required**  
   \_\_\_\_\_ **will NOT provide service to the Applicant**  
   \_\_\_\_\_ **is pursuing collection of utility arrears**

\_\_\_\_\_  
Signature of Authorized Representative                      Date (MM/DD/YYYY)

\*\*Please fax response back to **Melfort Housing Authority at 306.752.7311**. Thank you.

To: Canada Revenue Agency  
T1 Client Services  
Winnipeg Tax Centre  
66 Stapon Road  
Winnipeg, MB R3C 3M2  
Phone: 1.800.959.8281  
Fax: 1.204.984.3528

**CONFIDENTIAL  
INFORMATION**

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***AUTHORIZATION AND RELEASE***

I, \_\_\_\_\_,  
(Print Name of Applicant or Tenant)

Of: \_\_\_\_\_

Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Hereby authorize Canada Revenue Agency to release an "Option C" printout of my  
\_\_\_\_\_ Income Tax Return to the Melfort Housing Authority.

My Social Insurance Number (SIN) is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Please forward the printout by: (1) Mail or (2) Fax

To: Melfort Housing Authority  
Attention: Lorne Thomson, Manager  
201 Park Avenue, PO Box 7500  
Melfort, SK S0E 1A0  
Fax: 306.752.7311

Signature: \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Signature of Applicant or Tenant)