

The Battlefords Housing Authority 831 104th Street North Battleford, SK S9A 4B2

Phone: 306-445-4393 Fax: 306-446-1277 Email: battlefords@housingauthoritysk.com

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 1st 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

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 <u>last 12 months of pay stubs</u>. 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 <u>most recent 30-day bank statement</u>.

• **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 <u>two (2) mandatory rental references</u>, 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.

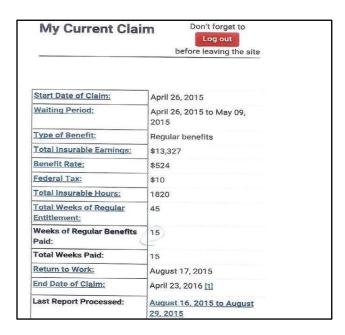
Applications with rental references are processed by Management weekly.

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 El online report:



5015-R E (24)

Agenoe dJ reYellJ du Canada

T1 2024

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 infoonation, go to canada.caltaxes-deceased.flle.flnal-return.

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

Step 1 -Idenf1fi,caf10n and 0ther 'mformat'ton		rs
Identification First name Last name Mailing address (apartment - number, street)	Social insurance number (SIN) I I I ULL Date of birth	Marital status on December 31, 2024: 1 D Married 2 D Living common-law
PO Box RR City Prov./Terr. Postal code Email address By providing an email address, you are registering for email notifications and will no tonger receive paper mail from the CRA. You agree to the Terms of use found at canada.ca/cra-emall-notifications-terms.	(Year Month Day) If this return is for a deceased person, enter the dale of death (Year Month Day) I I I J I Vour language of corresponded to the corresponded to t	_ ~ ~
Residence information Your province or territory of residence on December 31, 2024: Your current province or territory of residence if it is different than your mailing address above: Provinces or territories where your businesses had permanen establishments if you were self-employed in 2024:	If you became a resident of a in 2024 for income tax purpoenter your date of entry: if you ceased to be a reside of Canada in 2024 for incore tax purposes, enter your date of departure:	oses, (Month Day) J j j
Your spouse's or common-law partner's information Their firs1name Their SIN Tick this hox if they were self-employed in 2024. Net income from line 23600 of their return to claim certain cre (or the amount that it would be if they filed a return, even if the Amount of universal child care benefit (UCCB) from line 11 Amount of UCCB repayment from line 21300 of their return	edits e amount is "0") 1700 of their return	
00.:000 =- 'j ₁₁₂ 0 <u>01- </u>	Do not use this area,	

(Ce rormulaire esl disponible en franyais.)

Page1 ofB	5015-R E (24)

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.calline-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.

			10100		_
Tax-exempt income for emergency services volunteers	10105				_
Commissions included on line 10100 box 42 of all T4 slips)	10120				
Nage•loss replacement contributions	10130				
Other employment income			10400 +		2
Old age security (OAS ension (box 18 or the T4A(OAS) slip			11300 +		3
CPP or OPP benefits box 20 of the T4A P) slip)			11400 +		4
Disabili 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
JCCB amount designated to a dependant	11701				
Employment insurance (EI) and other benefits (box 14 of the T4E s	lip)	(<u>@</u> 00]+		٤ _
El maternity and parental benefits, and provincial parental					
nsurance tan (PPIP) benefits	11905				
Faxable amount of dividends from taxable Canadian corporations (u	ise Federal Worksheet):				
Amount of dividends (eligible and other than eligible)		<u> </u>	ffiooo:+l	I	9
Amount of dividends (other than eligible)	1120101		40400 ±	1	
nterest and other investment income (use Federal Worksheet)			12100 +		_ 1
Net partnership income (limited or non-active partners only)			12200 ¹ +		_ 1
Registered disability savings plan (RDSP) income (box 131 of the 1	Γ4A slip)		12500 +		_ 1
Rental income (see Guide T4036l Gross'12599	'	Net	12600 +		_ '
Taxable capital Qains (complete Schedule 3)	<u>1121001</u>	ļ	14		
Capital gains reduction (complete Schedule 3)	1127011-	0100	15		
Line 14 minus tine 15	=	I	+ +		•
Support payments received (see Guide P102) Totall t2799		e amount	12800 +		_ ′
Registered retirement savings plan (RRSP) income (from all T◀RSI			12900 +		
Taxable first home savings account IFHSA) income (see the T4FHS	SA slip)		1290S +		_ '
Taxable FHSA income - other (see the T4FHSA slip)			12906 +		_ :
			13000 +		_ :
Other income (specify):					_ :
Other income (specity): Taxable scholarships, fellowships, bursaries and artists' pro1ect grai	nts		13010 +	I	
	nts		13010 +	I	<u> </u>
Taxable scholarships, fellowships, bursaries and artists' pro1ect grai Add lines 1 to 13 and lines 16 to 22. Self-employment income (see Guide T4002):				I	_;
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Taxable scholarships, fellowships, bursaries and artists' pro1ect grait Add lines 1 to 13 and lines 16 to 22. Self-employment income (see Guide T4002): Business income Gross 13499 Professional income Gross 13699 Commission income Gross 13899	Net 1100 Net 13700 + Net 13900 +		=	I	_;
Taxable scholarships, fellowships, bursaries and artists' pro1ect grain Add lines 1 to 13 and lines 16 to 22. Self-employment income (see Guide T4002): Business income Gross 13499 Professional income Gross 13699 Commission income Gross 13899 Farming income Gross 14099	Net 1100 Net 13700 + Net 13900 + Net 14100 +		=	I	_:
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Taxable scholarships, fellowships, bursaries and artists' pro1ect grain Add lines 1 to 13 and lines 16 to 22. Self-employment income (see Guide T4002): Business income Gross 13499 Professional income Gross 13699 Commission income Gross 13899 Farming income Gross 14099	Net 1100 Net 13700 + Net 13900 + Net 14100 + Net 14300 +		=	····	29
Taxable scholarships, fellowships, bursaries and artists' pro1ect grait Add lines 1 to 13 and lines 16 to 22. Self-employment income (see Guide T4002): Business income Gross 13499 Professional income Gross 13699 Commission income Gross 13899 Farming income Gross 14099 Fishing income Gross 14299	Net 1100 Net 13700 + Net 13900 + Net 14100 + Net 14300 +		=	·	29
Add lines 1 to 13 and lines 16 to 22. Self-employment income (see Guide T4002): Business income Gross 13499 Professional income Gross 13699 Commission income Gross 13699 Farming income Gross 14099 Fishing income Gross 14299 Add lines 24 to 28. Net self-emplolmen	Net 1100 Net 13700 + Net 13900 + Net 14100 + Net 14300 +		=	·	29
Taxable scholarships, fellowships, bursaries and artists' pro1ect grain and lines 16 to 22. Self-employment income (see Guide T4002): Gross 13499 Business income Gross 13699 3699 Commission income Gross 13899 3899 Farming income Gross 14099 3899 Fishing income Gross 14099 4499 Add lines 24 to 28. Net self-emplolmen Line 23 plus hne 29	Net 1100 Net 13700 + Net 13900 + Net 14100 + Net 14300 + t income =		=		29
Taxable scholarships, fellowships, bursaries and artists' pro1ect grain Add lines 1 to 13 and lines 16 to 22. Self-employment income (see Guide T4002): Gross 13499 Professional income Gross 13699 Commission income Gross 13899 Farming income Gross 14099 Fishing income Gross 14299 Morters' 29 plus hne 29 Workers' compensation benefits lbox 10 of the T5007 siml-	Net 1100 Net 13700 + Net 13900 + Net 14100 + Net 14300 + t income =		=24 25	+	29

Proof of Income Statement

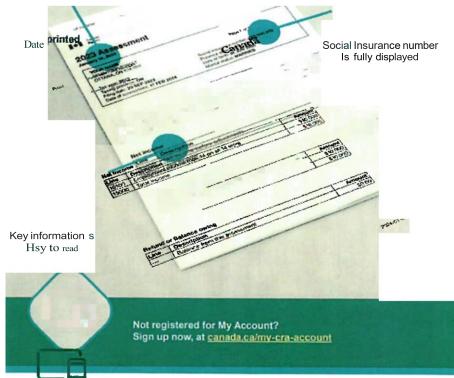
du Canada

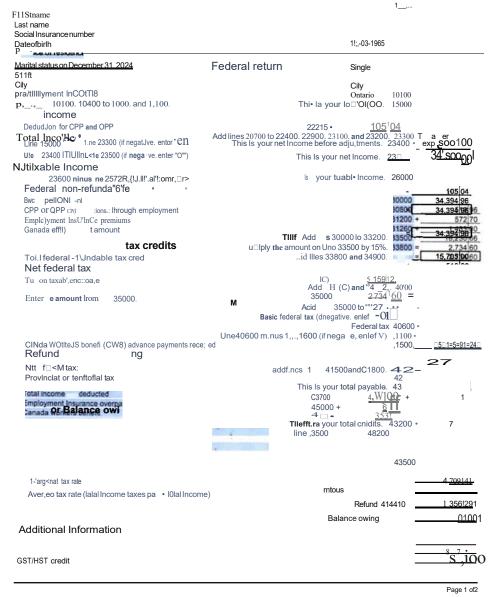
There are many reasons why you might need a proof of incomo statement, for □ le to apply for a loan, or to quafrfy for a benefit or subsidy. You c:an view and print your statement In the CRA's My Account by **selecting Proof** of income statement from the Tax returns page.



Tax return Summary

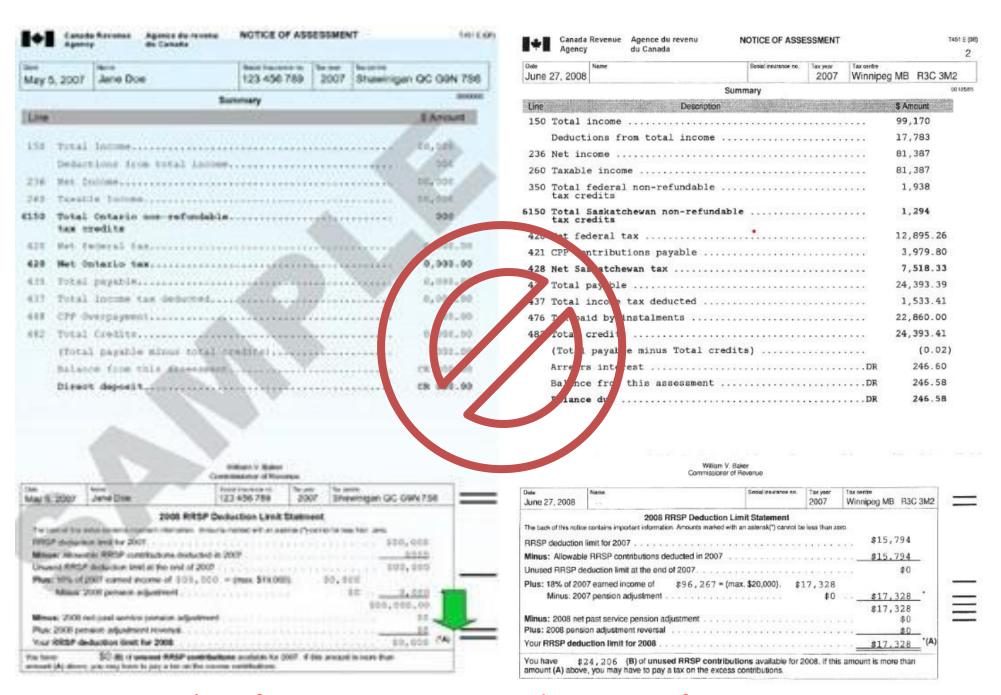
for 2024 taxation year





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Samples of Forms - Not Accepted - Notice of Assessment



The Battlefords Housing Authority 831 104th Street

North Battleford, SK S9A 4B2

Phone: 306-445-4393 Fax: 306-446-1277 Email: battlefords@housingauthoritysk.com

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.

OBEC	DIVIPLE I ED BY	THE EMPLOYER ONLY							
Please supply the GROSS MONTHLY INCOME for the following time period:									
			/	to	/				
		Month	_/ Year		Month	Year			
		Indicate Pay Period	Гуре: 🗆 W	eekly	☐ Bi-Weekly	☐ Monthly			
	Month	Gross Amount (\$)	Hours/Week Worked		Month	Gross Amour	nt (\$) Hours/Week Worked		
1				7					
2				8					
3				9					
4				10					
5				11					
6				12					
	?	 Please put asterisk (*) beside any month where there were 3 pay periods If no income was earned in one or any of these months please print "NO INCOME" for that month 							
Comple	ted by (Payma	ster):	PLEASE PRINT		Co	ompleted on: _ N	MM DD YY		
Paymas	ter Signature:				NOTE: It is Frau	dulent to make	a False Declaration.		
Name o	ame of Firm:Address:								
City:	City:Fax Number:Fax Number:								
<mark>APPLICA</mark>	NT'S AUTHOR	IZATION TO RELEASE	INFORMATIO	N					
Employee Name:				Em	oloyee Signature	::			
Address: Ph				Phone	Number:		<u> </u>		

Reference & Tenant History

Applicant/Co-applicant Information

Name(s):		
Applicant	Co-applicant	 j
Tenancy Information		\
Landlord Name:		
Phone Number(s):	Ema	il:
Rental Address:		
Number of adults:	Number of children:	Number of bedrooms:
Dates of tenancy:		
Start Date (N	MM/DD/YYYY)	End Date (MM/DD/YYYY)
Paid rent on time:	○ Always ○ Usually	○ Rarely
Arrears/Additional Charges:	No arrears/chargesArrears/charges exisOutstanding arrears	sted but have been paid /charges
Comments about rent/arrears:		
Unit Maintenance: Yard Maintenance:	○ Excellent ○ Good○ Excellent ○ Good	
Comments about maintenance:		
Complaints/Tenancy Issues: (Check all that apply)	 Caused damage to the 	ple not listed on lease to live in unit
Comments about complaints/tena	ncy issues:	
I would rent to this tenant again:	○ Yes ○ No	
The tenant gave proper notice: Security deposit returned:		N/A Partial O N/A
Name	Signature	 Date

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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 <u>CRA My Account</u> .

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).

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Personal Information

Applicant:		Finat na			0.4: delle 10.00			t 10 0100 0
Current Address:		First na	me		Middle na	me(s)	Las	t name
		Unit nui	mber and o	address			РО	Вох
		City/To	wn		Province		Pos	tal Code
Marital Status:		O Sing	gle/Wido	wed/Sep	parated/Div	orced	ОМа	arried/Common-law
Social Insurance Numl	ber:				Email:			
Phone Numbers:								
		Ноте			Work		Cell	
Gender:		O F	ОМ	Ох		Birthdate:	0.40	I/DD/YYYY
Altornata Contacti							IVIIV	וויויןטטקווי
Alternate Contact: (Optional)		Name					Pho	one number
Canadian residency st	atus:	O Can	nadian Cit	tizen	O Perman	ent Resident	0	Temporary Resident
,		O Refugee Claimant O Other:						
Rental History ar	nd Re	eferer	nces					
Do you currently live i	n a ho	me you	ı own?			O Yes	O No	
Are you a first time re	nter?					O Yes	O No	
If you have rented fro	m a ho	ousing a	authority	, which o	one?			
Do you owe money to	a hou	ısing au	thority o	r SHC?		O Yes	O No	
Provide contact inforr character references t		-		•		•		• •
Current Landlord:	Nam	e:				Contact:		
(or Character Reference)	D.I					(If applicable	e)	
	Phon	ıe				Email:	_	
		ncy sta		/DD/YYYY		<u> </u>		
			iviivij	ווועטט				
Previous Landlord: (or Character Reference)	Nam	e:				Contact: (If applicable	<u> </u>	
(or character negerence)	Phon	ne				Email:		
	Tena	ncy sta	rt:			Tenancy	end:	
	(If app	olicable)	MM,	/DD/YYYY		(If applicabl	e) I	MM/DD/YYYY

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

Personal Information

Co-applicant:							
First name Relationship to applicant:			Middle na	me(s)	Last name		
Current Address:	Unit numbe	r and address			РО Вох		
	City/Town	City/Town Province			Postal Code		
Marital Status:	O Single/	O Single/Widowed/Separated/Divorced			O Married/Common-law		
Social Insurance Number: Em							
Phone Numbers:							
Gender:	Home O F) M ()	Work	Birthdate:	Cell		
	01) IVI 0 7	`	bii tiidate.	MM/DD/YYYY		
Alternate Contact: (Optional)	Name				Contact phone number		
Canadian residency st		an Citizen e Claimant	O Perman O Other:	ent Resident	O Temporary Resident		
Rental History a	nd Reference	es					
Do you currently live i				O Yes	O No		
Are you a first time renter?				O Yes	O No		
If you have rented fro	m a housing auth	nority, which	one?				
Do you owe money to a housing authority or SHC? O Yes					O No		
Do you have the same references as the applicant? O Yes					O No If yes, go to Household		
	•	•		•	ve not rented, provide two ealth professional, etc.).		
Current Landlord: (or Character Reference)	Name:			Contact:			
	Phone			(If applicable Email:	·)		
	Tenancy start: (If applicable)	MM/DD/YYYY	′	_			
Previous Landlord: (or Character Reference)	Name:			Contact:			
	Phone			(If applicable Email:			
	Tenancy start: (If applicable)	MM/DD/YYYY	/	Tenancy e			

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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)	Relations	ship to Applicant
Will any children live	in the home less tha	an half of the time?		O Yes	O No
Will household size in	ncrease within the y		he household,	O Yes etc.)	O No
\square A fully accessible ι	unit ing a wheelchair to liv	nanent disability, do you n		ways, etc. _,)
Do you have or plan t	•			O Yes	O No
Income and Ass Did you file a tax retu If you did not file a tax	rn for the most rece	•		O Yes	O No
Are assistance benefit Assistance benefits incl	•	of household income? D, and PTA.		O Yes	O No
Are any dependent h full-time students?	ousehold members	between the ages of 18 ar	nd 25	O Yes	O No
under the age of 25 wh	ll household members o are full-time studen	18 years and older, excludi		\$	
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.					

- 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).

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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-ap	plicant		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 wi	th a disability
Co-applicant:	I choose to declare as	☐ Indigenous	☐ A visible minority	☐ A person wi	th a disability
For office use only	(enter in HOMES) Program: O	Social O Life Lease C	O Seniors O Affordable O O	ther Application r	received on: MM/DD/YYYY

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