

## 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	Max. Annual Income
Families with no dependents	\$43,500/ yr
Families with one dependent	\$54,500 / yr
Families with two or three dependents	\$63,500/ yr
Families with four or more dependents	\$83,500 / 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 <b>Log out</b> before leaving the site	
<b>Start Date of Claim:</b>	April 26, 2015
<b>Waiting Period:</b>	April 26, 2015 to May 09, 2015
<b>Type of Benefit:</b>	Regular benefits
<b>Total Insurable Earnings:</b>	\$13,327
<b>Benefit Rate:</b>	\$524
<b>Federal Tax:</b>	\$10
<b>Total Insurable Hours:</b>	1820
<b>Total Weeks of Regular Entitlement:</b>	45
<b>Weeks of Regular Benefits Paid:</b>	15
<b>Total Weeks Paid:</b>	15
<b>Return to Work:</b>	August 17, 2015
<b>End Date of Claim:</b>	April 23, 2016 [1]
<b>Last Report Processed:</b>	August 16, 2015 to August 29, 2015

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 – Identification and other information**

**Identification**

First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Marital status on December 31, 2024:  
 1  Married  
 2  Living common-law  
 3  Widowed  
 4  Divorced  
 5  Separated  
 6  Single

Social insurance number (SIN) \_\_\_\_\_  
 Date of birth (Year Month Day) \_\_\_\_\_  
 If this return is for a deceased person, enter the date of death (Year Month Day) \_\_\_\_\_

Posting address (apartment - number, street) \_\_\_\_\_  
 RR \_\_\_\_\_  
 Prov./Terr. \_\_\_\_\_ Postal code \_\_\_\_\_

Email address \_\_\_\_\_

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](#).

**Residence information**

Your province or territory of residence on December 31, 2024: \_\_\_\_\_ (Month Day) \_\_\_\_\_  
 Your current province or territory of residence if it is different than your mailing address above: \_\_\_\_\_ (Month Day) \_\_\_\_\_

Provinces or territories where your businesses had permanent establishments if you were self-employed in 2024: \_\_\_\_\_

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

Their first name \_\_\_\_\_ Their SIN \_\_\_\_\_  
 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 (UCCCB) from line 11700 of their return \_\_\_\_\_  
 Amount of UCCCB repayment from line 21300 of their return \_\_\_\_\_

Do not use this area: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 "xxxxx" 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**

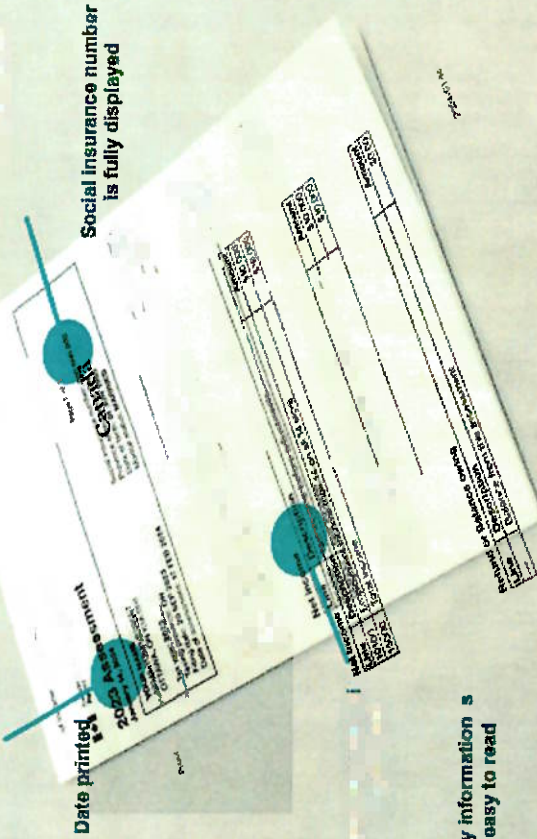
As a resident of Canada, you need to report your income from all sources inside and outside Canada.

Employment income (box 14 of all T4 slips)	10100	1
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 of 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)	11900 +	8
EI maternity and parental benefits, and provincial parental insurance plan (PPIP) 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)	12010	
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)	12300 +	12
Rental income (see Guide T4036)	Gross 12399	
Taxable capital gains (complete Schedule 3)	12700	14
Capital gains reduction (complete Schedule 3)	12701 -	15
Line 14 minus line 15	=	
Support payments received (see Guide P102) Total 12789	Taxable amount 12800 +	16
Registered retirement savings plan (RRSP) income (from all T4RSP slips)	12900 +	17
Taxable first home savings account (FHSA) income (see the T4FHSA slip)	12905 +	18
Taxable FHSA income - other (see the T4FHSA slip)	12906 +	19
Other income (specify):	13000 +	20
Taxable scholarships, fellowships, bursaries and artists' project grants	13000 +	21
Add lines 1 to 13 and lines 16 to 22	13010 +	22
Self-employment income (see Guide T4002):		
Business income	Gross 13499	
Professional income	Gross 13500	24
Commission income	Gross 13699	25
Farming income	Gross 13699	26
Fishing income	Gross 14099	27
Add lines 24 to 28	Gross 14299	28
Net self-employment income	=	
Line 23 plus line 29		29
Workers' compensation benefits (box 10 of the T5007 slip)	14400	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	15000 =	35

Samples of Forms

# Proof of Income Statement

There are many reasons why you might need a proof of income statement, for example to apply for a loan, or to qualify for a benefit or subsidy. You can view and print your statement in the CRA's My Account by selecting Proof of income statement from the Tax returns page.



Not registered for My Account?  
Sign up now, at [canada.ca/my-cra-account](https://canada.ca/my-cra-account)



Canada Revenue Agency / Agence du revenu du Canada

Canada

# Samples of Forms

## Tax return Summary for 2024 taxation year

First name: \_\_\_\_\_  
 Last name: \_\_\_\_\_  
 Social insurance number: \_\_\_\_\_  
 Date of birth: 15-03-1965  
 Province of residence: Ontario  
 Marital status on December 31, 2024: Single  
 Street: 123 Main Street  
 City: Ontario  
 Postal code: 10100  
 This is your total taxable income: 15000

**Federal return**

Deduction for CPP and QPP: 22215 + 105104  
 Add lines 20700 to 22400, 22900, 23100, and 23200  
**Total income** 34394.96  
 Line 15000 minus line 23300 (if negative, enter "0")  
 Line 23400 minus line 23500 (if negative, enter "0")  
 This is your net income before adjustments: 23400 = Taxpayer  
 This is your net income: 23600 = 34,500.00

**Net Taxable Income** 23600  
 Line 23600 minus line 25700 (if negative, enter "0")  
 enhanced contributions  
**Federal non-refundable tax credits** 105104  
 Basic personal amount 30000  
 CPP or QPP contributions: through employment 30964  
 Employment Insurance premiums 31200 + 572170  
 Canada employment amount 31260  
 This is your taxable income: 26000  
**tax credits** 105104  
 Total federal non-refundable tax credits: 33500  
 multiply the amount on line 33500 by 15%: 5025  
**Net federal tax** 2734.60  
 Tax on taxable income (C) 5159.24  
 Add lines (C) and 40424: 40400  
 Enter the amount from line 35000: 35000  
**M** 2734.60  
 Add lines 35000 to 40427: 35000  
 Basic federal tax (if negative, enter "0") 40600  
 Federal tax 40600 =  
 Canada workers benefit (CWB) advance payments received  
 Line 40600 minus line 41600 (if negative, enter "0") 41700 =  
**Refund** 41500  
 add lines 1 41500 and 41800: 42000  
 Net federal tax: 2734.60  
 Provincial or territorial tax: 42600  
 This is your total payable: 43500 =  
 Total income - deducted 43700  
 Employment Insurance overpayment 45000 + 630  
 Canada employment amount 45300 + 35311  
**Balance owing** 35311  
 Line 43500 minus your total credits: 48200 -  
 Line 43500 line 48200  
**tax** 48500  
 Marginal tax rate 4.709411  
 Average tax rate (total income taxes paid + total income) 1.356129  
**Refund** 48400  
**Balance owing** 0.00

**Additional information**

GST/HST credit 20%  
 8.7%  
 519.00



**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
470	Total payable	24,393.39
437	Total income tax deducted	1,533.41
476	Total tax paid by instalments	22,860.00
482	Total credits (Total payable minus total credits)	24,393.41 (0.02)
	Balance from this assessment	246.60 DR
	Balance from this assessment	246.58 DR
	Balance deposit	246.58 DR

**Summary**

Line	Description	\$ Amount
150	Total income	99,170
	Deductions from total income	17,783
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	Balance from this assessment	246.60 DR
	Balance from this assessment	246.58 DR
	Balance deposit	246.58 DR

**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 contribution 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	\$0
2008 net past service pension adjustment	\$17,328
Plus: 2008 pension adjustment reversal	\$0
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.

**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 contribution 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	\$0
2008 net past service pension adjustment	\$17,328
Plus: 2008 pension adjustment reversal	\$0
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:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
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"> <li>Please put asterisk (*) beside any month where there were 3 pay periods</li> <li>If no income was earned in one or any of these months please print "NO INCOME" for that month</li> </ul>					

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: \_\_\_\_\_







The Battlefords Housing Authority  
831 104th Street  
North Battleford, SK S9A 4B2  
Phone: 306-445-4393 Fax: 306-446-1277  
Email: battlefords@housingauthoritiesk.com

## RENTAL REFERENCE FORM

### TO BE COMPLETED BY THE APPLICANT

**NAME:** \_\_\_\_\_ **RENTAL ADDRESS:** \_\_\_\_\_

(Please Print)

- Current Landlord**  
 **Previous Landlord**

The above applicant has applied for housing with The Battlefords Housing Authority. As part of the application process a landlord reference is required. Please complete the following form and return it to applicant. The Battlefords Housing Authority reserves the right to contact the landlord to verify all information is true and correct.

I hereby authorize \_\_\_\_\_ to disclose information  
(Name of Landlord or Rental Agency)  
regarding my tenancy at the above address to The Battlefords Housing Authority.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature

### TO BE COMPLETED BY THE LANDLORD

Tenancy from \_\_\_\_\_ to \_\_\_\_\_

Monthly Rent Payable: \_\_\_\_\_

Utilities included with Rent:

- Energy  
 Water  
 Power

Rental Payments:

- Pays consistently on or before the 1<sup>st</sup> of month  
 Pays usually on or before the 1<sup>st</sup> of the month  
 Pays usually on or before the 5<sup>th</sup> of the month  
 Pays usually before the 15<sup>th</sup> of the month  
 Pays balance of rent by the 20<sup>th</sup> of month  
 Always Late  
 Other \_\_\_\_\_  
 Tenant calls to make/discuss payment arrangements when necessary

# of late rent notices on file: \_\_\_\_\_

# of evictions due to Non-Payment of Rent: \_\_\_\_\_

Arrears outstanding to date: \_\_\_\_\_

(OVER)

Unit Maintenance

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

Yard Maintenance

- Good
- Poor
- Not Applicable

Complaints/Tenancy Problems

- Have bed bugs currently – Yes or No Have had bed bugs in the past - Yes or No
- Pet on premises when not allowed
- Others living in the unit when not on the Lease Agreement
- Noise/Disturbance/Illegal Activity \_\_\_\_\_# of Complaints \_\_\_\_\_
- Unit kept in poor condition and/or damages done to unit
- Other \_\_\_\_\_

Gave proper notice?

- Yes
- No

Balance owing upon Vacating:

Rent Outstanding: \_\_\_\_\_ Damages: \_\_\_\_\_ Cleaning: \_\_\_\_\_

General Comments:

Security Deposit:

- Was returned in full
- Partially returned: Explain: \_\_\_\_\_
- Not returned

Stamp of Rental Agency (if applicable)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Phone #



The Battlefords Housing Authority  
831 104th Street  
North Battleford, SK S9A 4B2  
Phone: 306-445-4393 Fax: 306-446-1277  
Email: battlefords@housingauthoritiesk.com

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(Please Print)

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\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature

### TO BE COMPLETED BY THE LANDLORD

Tenancy from \_\_\_\_\_ to \_\_\_\_\_

Monthly Rent Payable: \_\_\_\_\_

Utilities included with Rent:

- Energy  
 Water  
 Power

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 Always Late  
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- Unit kept in poor condition and/or damages done to unit
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General Comments:

Security Deposit:

- Was returned in full
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*Stamp of Rental Agency (if applicable)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Phone #