

SOCIAL HOUSING PROGRAM APPLICATION GUIDE NEWCOMERS TO CANADA

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 attached application form in full.
2. Once completed submit *to 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. If you have not yet filed an income tax let us know.
- **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.

- **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.
- **IF YOU ARE NOT IN RECEIPT OF ANY OF THE ABOVE INCOME SOURCES, PLEASE SUBMIT THE LAST THREE MONTHS OF BANK STATEMENTS**

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 application appointment, by phone or in person 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

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	B
First name _____ Last name _____ Mailing address (apartment - number, street) _____ PO Box _____ RR _____ City _____ Prov./Terr. _____ Postal code _____ Email address _____	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) _____ Marital status on December 31, 2024: 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Living common-law 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Single
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: <input type="checkbox"/> English <input type="checkbox"/> Français Votre langue de correspondance :

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 permanent establishments if you were self-employed in 2024: _____
If you became a resident of Canada in 2024 for income tax purposes, enter your date of entry: _____ (Month Day) If you ceased to be a resident of Canada in 2024 for income tax purposes, enter your date of departure: _____ (Month Day)

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 (UCCB) from line 11700 of their return _____

Amount of UCCB repayment from line 21300 of their return _____

Do not use this area. 17200 _____ 17100 _____

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.

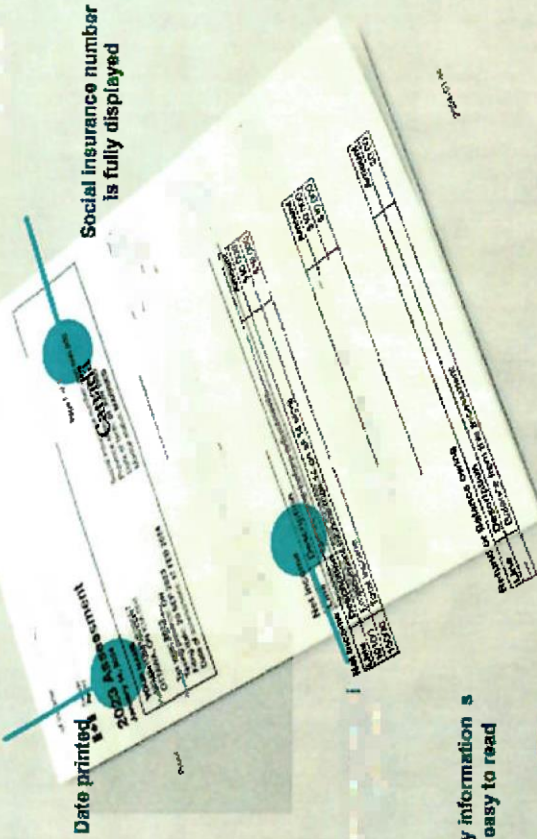
Step 2 – Total income

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 18 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	11781	
Employment insurance (EI) and other benefits (box 14 of the T4E slip)	11900 +	8
EI maternity and parental benefits, and provincial parental insurance plan (PRIP) benefits	11985	
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 partner's only)	12200 +	11
Registered disability savings plan (RDSP) income (box 131 of the T4A slip)	12500 +	12
Rental income (see Guide T4036)	Gross 12399	13
Taxable capital gains (complete Schedule 3)	12700	14
Capital gains reduction (complete Schedule 3)	12701 -	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 T4RSP slips)	12900 +	18
Taxable first home savings account (FHSA) income (see the T4FHSA slip)	12905 +	19
Taxable FHSA income - other (see line T4FHSA slip)	12906 +	20
Other income (specify):	13000 +	21
Taxable scholarships, fellowships, bursaries and artists' project grants	13810 +	22
Add lines 1 to 13 and lines 16 to 22	=	23
Self-employment income (see Guide T4002):		
Business income	Net 13500	24
Professional income	Net 13700 +	25
Commission income	Net 13800 +	26
Farming income	Net 14100 +	27
Fishing income	Net 14300 +	28
Add lines 24 to 28	=	29
Line 23 plus line 29	=	30
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	=	35
Total income	15000	

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



Canada

Samples of Forms

Tax return Summary for 2024 taxation year

First name: Taxpayer
 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 income: 15000

Federal return

Total income
 Add lines 20700 to 22400, 22900, 23100, and 23200. 23300
 Line 15000 minus line 23300 (if negative, enter "0")
 This is your net income before adjustments. 23400 = Taxpayer
 Line 23400 minus line 23500 (if negative, enter "0")
 This is your net income. 23600 = Taxpayer

Net taxable income
 Line 23600 minus line 25700 (if negative, enter "0")
 This is your taxable income. 26000

Federal non-refundable tax credits
 Basic personal amount: 30000
 CPP or QPP contributions: through employment: 30864
 Employment insurance premiums: 31200 + 572170
 Canada employment amount: 31260
 Total federal non-refundable tax credits: 33500
 Line 33500 minus line 33600 and 34900. 15,705,000.00

Net federal tax
 Tax on taxable income: 5,159,24
 Add lines (C) and 40424. 40400
 Enter the amount from line 35000. 35000
 2,734,60

Refund
 Canada workers benefit (CWB) advance payments received: 41500
 Line 40600 minus line 41600 (if negative, enter "0") 41700 =
 Net federal tax: 2,734,60
 Provincial or territorial tax: 42800
 This is your total payable. 43500 =
 Total income deducted: 43700
 Employment insurance overpayment: 45000 + 630
 Canada employment amount: 45300 + 35311
 Total refund: 48200
 Line 43500 minus line 48200

Additional information

Marginal tax rate: 4,709,41
 Average tax rate (total income taxes paid ÷ total income): 1,358,28
 Refund: 48,400
 Balance owing: 0,000

GST/HST credit: 20%, 8.7%, 519,00

Line	Description	\$ Amount
150	Total income	16,200
	Deductions from total income	500
236	Net income	15,700
260	Taxable income	15,700
350	Total federal non-refundable tax credits	1,938
6150	Total Ontario non-refundable tax credits	1,294
420	Net federal tax	12,895.26
421	CPP contributions payable	3,979.80
428	Net Ontario tax	7,518.33
437	Total income tax deducted	24,393.39
476	Tax paid by instalments	1,533.41
482	Total credits (Total payable minus total credits)	22,860.00
	Balance from this assessment	24,393.41
	Balance from this assessment	246.60
	Balance from this assessment	246.58
	Balance from this assessment	246.58

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

William V. Baker
Commissioner of Revenue

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	\$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.

William V. Baker
Commissioner of Revenue

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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

Permanent Resident Status

A person who has legally immigrated to Canada but is not yet a Canadian citizen has permanent resident status.

Immigrants and refugees – including those who are sponsored – have a permanent resident card and are eligible for the Social Housing Program.



Example: Permanent Resident Card

Refugee Protection Claimant Document

A person who makes a refugee claim in Canada does not become a permanent resident at that time. Refugees – including those that are sponsored – will first have a refugee protection claimant document.

Once a claim for refugee protection is accepted, a Notice of Decision is issued. If the claim is accepted, the person may apply for permanent residence status. If it is denied, the person must leave Canada. A person with a Refugee Protection Claimant Document (but no Notice of Decision) is eligible for social housing while the Refugee Protection Claimant Document is valid. However:

- Applicants must provide the housing authority with a copy of their Notice of Decision when they receive it;
- Housing authorities are to ask applicants if a hearing date has been set to determine if their refugee status will be accepted, and if a hearing date has been set, record that information for later follow up.
- If unsure if a person is eligible, the housing authority must check with SHC before it declines the application.

The anniversary date on the lease or on the notice of rent payable (at income and rent review time) must be the earlier of:

- the expiry date; or
- one year after the commencement of the lease.



Citizenship and Immigration Canada / Citoyenneté et Immigration Canada
PROTECTED WHEN COMPLETED / PROTÉGÉ LORS QU'IL EST REMPLI - B
CANADA

REFUGEE PROTECTION CLAIMANT DOCUMENT
THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT
WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT

Application No: _____
UC: _____

CLIENT INFORMATION

Family Name: _____
Given Name(s): _____
Date of Birth: _____
Sex: _____
Country of Birth: _____
Country of Citizenship: _____
Date Issued: _____
Expiry Date: _____

ADDITIONAL INFORMATION

Pursuant to Subsection 100(1) of the Immigration and Refugee Protection Act, this refugee protection claim has been determined to be eligible for a decision by the Refugee Protection Division. Consequently, pursuant to subsection 100(3), the refugee Protection Claim is referred to the Refugee Protection Division / Refugee Board.

As of 2016/01/29 the above-named individual is eligible for coverage of health care costs under the Interim Federal Health Program (IFHP). This coverage can cease or be modified without notice if the individual's immigration status changes. Therefore, health-care providers must verify the eligibility of the individual with the IFHP administrator before providing services to the undersigned:

- declare that I require coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status or if I become eligible for or receive other health insurance;
- understand that it is my responsibility to renew this coverage before 2017/01/29 and annually thereafter, as required;
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third-parties in accordance with the Privacy Act and the Department of Citizenship and Immigration Act.

School age children do not need student authorization to attend primary or secondary schools.

Name, relationship and signature of accompanying adult (if applicable) _____

Signature of person concerned _____ Money in possession _____ Minister _____

NOT VALID FOR TRAVEL

THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF CITIZENSHIP AND IMMIGRATION - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
FORMULAIRE ÉTABLI PAR LE MINISTRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

Canada

Example: Refugee Protection Claimant Document

Work Permits

A work permit is a document that authorizes a person to work legally in Canada. Issued by Citizenship and Immigration Canada, the work permit sets out conditions such as the following for the worker:

- The type of work the person can do;
- The employer the person can work for;
- Where the person can work; and
- The period for which the person can work (issue and expiry dates).

A person with a work permit does not have a permanent resident card.

However, a person who has a work permit is eligible while the work permit is valid. Therefore, the anniversary date on the lease or on the notice of rent payable (at income and rent review time) must be the earlier of:

- the permit expiry date; or
- one year after the commencement of the lease.

 Citizenship and Immigration Canada / Citoyenneté et Immigration Canada				PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI - B CANADA	
NAME ADDRESS IN CANADA		Application/Demande: UCI/IUC:			
WORK PERMIT/PERMIS DE TRAVAIL					
CLIENT INFORMATION/INFORMATION DU CLIENT					
Family Name/Nom de Famille:					
Given Name(s)/Prénom(s):					
Date of Birth/Date de naissance: (yyyymmdd - aaaa/mm/jj)					
Sex/Sexe:					
Country of Birth/Pays de naissance:					
Country of Citizenship/Citoyen de:					
Travel Doc No./N° du document de voyage: PASSPORT					
ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE					
Date Issued/Délivré le: 2015/09/04 (yyyymmdd - aaaa/mm/jj)					
Expiry Date/Date d'expiration: 2018/09/04 (yyyymmdd - aaaa/mm/jj)					
Case Type/Genre de cas: 56					
ESDC/EDSC #:					
Employer/Employeur: ANY					
Employment Location/Emplacement de l'emploi: UNKNOWN					
Occupation/Profession: ANY					
In Force From/En vigueur le: 2015/09/04 (yyyymmdd - aaaa/mm/jj)					
Conditions: 1. MUST LEAVE CANADA BY 2018/09/04 2. UNLESS AUTHORIZED, PROHIBITED FROM ATTENDING ANY EDUCATIONAL INSTITUTION, OR TAKING ANY ACADEMIC, PROFESSIONAL OR VOCATIONAL TRAINING COURSE. 3. NOT VALID FOR EMPLOYMENT IN BUSINESSES RELATED TO THE SEX TRADE SUCH AS STRIP CLUBS, MASSAGE PARLOURS OR ESCORT SERVICES.					
Remarks/Observations: POST-GRADUATE WORK PERMIT.					
THIS DOES NOT AUTHORIZE RE-ENTRY/CECI NAUTORISE PAS LA RÉ-ENTRÉE					
<small>THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF CITIZENSHIP AND IMMIGRATION - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA FORMULAIRE ÉTABLI PAR LE MINISTRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA</small>					
<small>IMM 1442B (06-2012) C-10 CBN</small>					



Example: Work Permit

Study Permits

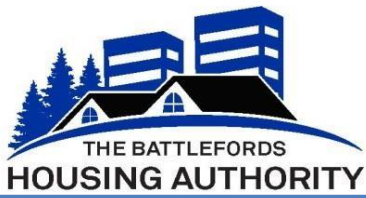
Also issued by Citizenship and Immigration Canada, a study permit is a document that allows an international student to study in Canada. A person with a study permit may or may not be permitted to work.

A person with a study permit is eligible while the study permit is valid. Therefore, the anniversary date on the lease or on the notice of rent payable (at income and rent review time) must be the earlier of:

- the permit expiry date; or
- one year after the commencement of the lease.

	
Citizenship and Immigration Canada / Citoyenneté et Immigration Canada CANADA PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI - B	
NAME ADDRESS IN CANADA Application/Demande: UCI/IUC:	
STUDY PERMIT/PERMIS D'ÉTUDES	
CLIENT INFORMATION/INFORMATION DU CLIENT	
Family Name/Nom de Famille: Given Name(s)/Prénom(s): Date of Birth/Date de naissance: 01/01/1980 - 00000000-00000000@ Sex/Sexe: Country of Birth/Pays de naissance: Country of Citizenship/Citoyen de: Travel Doc No./N° du document de voyage: PASSPORT	
ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE	
Date Issued/Déjà le: 2015/04/07 01/01/1980 - 00000000-00000000@ Expiry Date/Date d'expiration: 2018/12/31 01/01/1980 - 00000000-00000000@ Case Type/Genre de cas: 30 Institution Name/Nom de l'institution: DESIGNATED LEARNING INST. Field of Study/Domaine d'études: ANY DESIGNATED POST SECONDARY INSTITUTION In Force From/En vigueur le: 2015/04/07 01/01/1980 - 00000000-00000000@	
Conditions: 1. MAY ACCEPT EMPLOYMENT ON THE CAMPUS OF THE INSTITUTION AT WHICH REGISTERED IN FULL-TIME STUDIES. 2. MUST LEAVE CANADA BY 2018/12/31 3. NOT VALID FOR EMPLOYMENT IN BUSINESSES RELATED TO THE SEX TRADE SUCH AS STRIP CLUBS, MASSAGE PARLOURS OR ESCORT SERVICES.	
Remarks/Observations: MAY ACCEPT EMPLOYMENT ON OR OFF CAMPUS IF MEETING ELIGIBILITY CRITERIA AS PER R186(F), (V) OR (W). MUST CEASE WORKING IF NO LONGER MEETING THESE CRITERIA.	
THIS DOES NOT AUTHORIZE RE-ENTRY/CECI N'AUTORISE PAS LA RÉ-ENTRÉE	
THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF CITIZENSHIP AND IMMIGRATION - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA FORMULAIRE ÉTABLI PAR LE MINISTRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA IMM 1442B (06/2012) 	

Example: Study Permit



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

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"> 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: _____

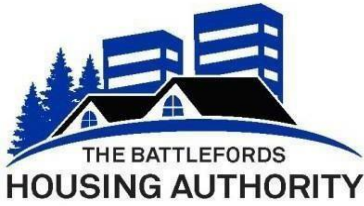
City: _____ Phone Number: _____ Fax Number: _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

Employee Name: _____ Employee Signature: _____

PLEASE PRINT

Address: _____ Phone Number: _____



The Battlefords Housing Authority
831 104th Street
North Battleford, SK S9A 4B2
Phone: 306-445-4393 Fax: 306-446-1277
Email: battlefords@housingauthoritysk.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 1st of month
 Pays usually on or before the 1st of the month
 Pays usually on or before the 5th of the month
 Pays usually before the 15th of the month
 Pays balance of rent by the 20th 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: _____

(OVER)

Arrears outstanding to date:

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

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 1st of month
 Pays usually on or before the 1st of the month
 Pays usually on or before the 5th of the month
 Pays usually before the 15th of the month
 Pays balance of rent by the 20th 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: _____

(OVER)

Arrears outstanding to date: _____

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 #