

SOCIAL HOUSING PROGRAM APPLICATION GUIDE SENIORS 55+

Thank you for your interest in applying for the **Senior Social Housing Program**, a subsidized housing program for independent, low-income seniors 55+ 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
Senior single	\$50,000 / yr
Senior couple	\$62,700 / yr
Asset Limit	\$300,000

If you are above these limits, please ask us about the SENIOR HOUSING PROGRAM

**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.
2. Submit the information *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, we will 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:

- **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 **farm or business income**, you will also need to supply a statement of business activities.
- **T4's and T 5's:** Please provide **2024** copies of each of these documents.
- **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, or if you receive your payments Direct Deposit we will require a copy of your most recent 30-day bank statement.

ASSET VERIFICATION:

ASSET DECLARATION: a copy of the asset declaration is enclosed ([page 7](#)) for your completion. Please provide an estimated value in the proper column for cash, investments, real estate retirement savings, vehicles, business assets, etc.

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, 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.

SENIOR 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
- Tenants pays for power and parking, where applicable
- Security Deposit of \$326
- NO PETS
- NO SMOKING: All housing units are smoke-free (no smoking or vaping except in designated outdoor smoking areas.

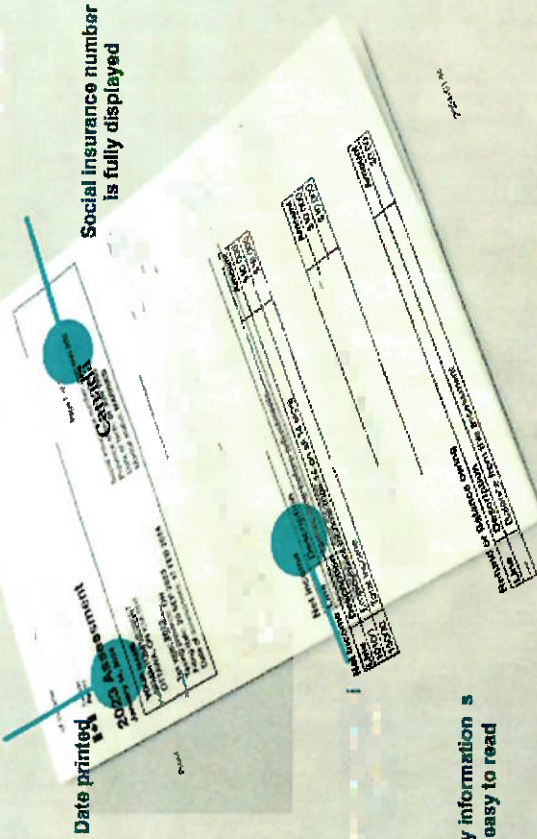
SAMPLE INCOME VERIFICATIONS

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

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.



Key information is easy to read

Not registered for My Account?
Sign up now, at 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

Total income	22215 + 10504	
Line 15000 minus line 23300 (if negative, enter "0")		30000
Line 23400 minus line 23500 (if negative, enter "0")		34394.96
Net taxable income		30994.96
Line 23600 minus line 25700 (if negative, enter "0")		31200 + 572170
Federal non-refundable tax credits		31200 + 572170
Line 33600 minus line 34900 (if negative, enter "0")		34394.96
Net federal tax		15705.00
Refund		40424.40
Provincial or territorial tax		2734.60
Total income tax		43500.00
Provincial or territorial tax		43500.00
Employment insurance overpayment		630
Canada Pension Plan overpayment		35311
Balance owing		48200

Marginal tax rate	4.709/41
Average tax rate (total income taxes paid ÷ total income)	1.356/29
Additional information	
GST/HST credit	
20%	
8.7%	
519/00	

NOTICE OF ASSESSMENT

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

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Samples of Forms - Not Accepted - Notice of Assessment

SOCIAL HOUSING PROGRAM - Asset Declaration Form			
Applicant's Name:		Co-Applicant's Name:	
"Value" is the amount you could get for an item if you sold it, less any amount owing on it.		"Dependent" is a person that depends on other household members for the necessities of life since he/she is related by blood, marriage, or adoption to the other household members and is 25 years of age or less, or since he/she is mentally or physically infirm regardless of age.	
ASSET TYPE		EXAMPLES	TOTAL
Cash			
Enter the value regardless of where the money came from, e.g. lump sum payments, capital gains, gambling winnings, insurance settlements, compensation, etc.	Cash on hand		
	Balance in all bank accounts (e.g. savings, chequing, and tax free savings accts)		
	Cash in a safety deposit box		
Investments			
Enter the value of financial investments that provide interest, dividends, or appreciate 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 investment certificates (GICs), money market funds, etc.		
	Shares, stock options, and warrants in a business		
	Mineral rights and oil and gas leases		
Real estate			
Enter the value of land, properties, and buildings.	Primary residence		
	Other properties and buildings (e.g. vacation home, rental property, commercial building, out buildings, etc.)		
	Land (e.g. vacant lots, acreage, farmland, etc.)		
Retirement savings plans - only households without a dependent complete this section (e.g. seniors)			
Enter the value of savings or investments for retirement. Do not include funds that have been converted to income, e.g. RRIF.	Registered Retirement Savings Plans (RRSPs)		
	Company and private pension plans		
Vehicles			
Enter the value of vehicles.	Primary vehicles (i.e. the one the household uses most for transportation)		
	Secondary vehicles, including business vehicles		
	Recreational vehicles (e.g. boat, motor home, trailer, all terrain vehicle, snowmobile)		
Business assets - only households without a dependent complete this section (e.g. seniors)			
Enter the value of assets for the operation of a business, including farms.	E.g. stock, inventory, raw materials, tools, equipment, machinery, livestock, cash, furniture, etc.		
Valuable personal effects			
Enter the value of items that are not essential for day-to-day living.	E.g. jewellery, antiques, collections, etc.		
Tools of the trade - only households without a dependent complete this section (e.g. seniors)			
Enter value of items you supply as an employed or contracted worker.	E.g. tools, machinery, computer, electronics, musical instruments, etc.		
I/We hereby declare the information provided on this Asset Declaration Form is true, correct, and complete.			
Applicant's Signature	Date	Co-Applicant's Signature	Date

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 3 pay periods 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@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: _____

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:

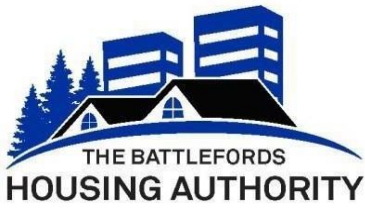
- Was returned in full
- Partially returned: Explain: _____
- Not returned

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
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