

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 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 HOL	JSING PROGRAM



#### 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 <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, or if you receive your payments Direct Deposit we will require a copy of your <u>most recent 30-day bank statement</u>.

#### ASSET VERIFICATION:

**ASSET DECLARATION:** a copy of the asset declaration is enclosed (<u>page 7</u>) 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 <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 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:**



T1 2024	Senefit Return	Protected B when completed:
	Income Tax and E	
Agence du revenu du Canada		
Canada Revenue Agency		
*		

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		1	
First name	Last name	Social insurance number (SIN)	Mantal status on December 31, 2024:
Mailing address (apartment - number: street)	ent - number street)		1 Married
		Date of birth	2 📋 Living common-law
PO Box	RR		3 Widowed
City	Prov./Terr. Postal code	If this return is for a deceased person,	4 Divorced
Email address		enter the date of death (Year Month Day)	5 Separated
By providing an email ad	By providing an email address, you are registering for		6 🗍 Single
email notifications and will no longer receiv from the CRA. You agree to the Terms of canada.ca/cra-email-notifications-terms	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: Votre langue de correspondance :	Idence: English lance: English

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:  The value became a resident of Canada in 2024 for income tax purposes, enter your desident of Canada in 2024 for income tax purposes, enter your desident of Canada in 2024 for income tax purposes, enter your desident of Canada in 2024 for income tax purposes, enter your desident of Canada in 2024 for income tax purposes, enter your desident of 2024; it is different to a feet of capacity to a feet of capac	Residence information		
enter your date of enty.  If you ceased to be a resident of Canada in 2024 for income tax purposes, enter your date of departure:		If you became a resident of Canada in 2024 for income tax mirroses	(Month Day
If you ceased to be a resident of Canada in 2024 for income tax purposes, enter your date of departure.	1	enter your date of entry:	
of Canada in 2024 for income tax purposes, enter your date of departure:		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.	Ĺ
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	-

					Don	Do not use this area.	rea.		П
Do not use this area.	17200	$\parallel$		17100		$\perp$			
115-R E (24)			]   3	formulain	(Ce formulaire est disponible en français.)	n français.)		Page	Page 1 of 8

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.calline-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.

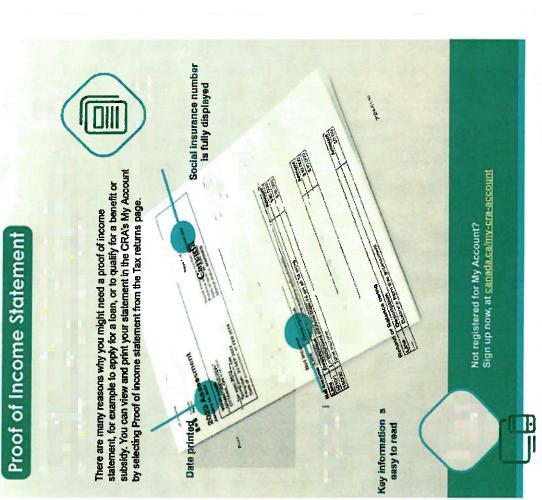
Significant participation for purpose and the contract of the	SOLO		
Commissions included on line 10100 (box 42 of all T4 slips)	10120	_	
Wage-loss replacement contributions	10130	-	
Other employment income		10400 +	1
Old age security (OAS) pension (box 18 of the T4A(OAS) slip)		11300 +	
CPP or QPP benefits (box 20 of the T4A(P) stip)		11400 +	4
Disability benefits included on fine 11400 (box 16 of the T4A(P) slip)	o) slip) 11410		
Other pensions and superannuation		+ 11500 +	-
Elected split-pension amount (complete Form T1032)		11600 +	
Universal child care benefit (UCCB) (see the RC62 slip)		11700 +	<u>_</u>
UCCB amount designated to a dependant	11701		 
Employment insurance (EI) and other benefits (box 14 of the T4E slip)		+10001+	_
El maternity and parental benefits, and provincial parental		=	
Tayable amount of dividends from tayable Canadian compositions (100 Endow) Models and	1190b    Production   1190b		
Amount of dividends (eligible and other than eligible)	ilis (use recetal Worksheet)	120007+	_
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 +	1
Registered disability savings plan (RDSP) income (box 131 of the T4A slip)	the T4A slip)	12500 +	12
Rental income (see Guide T4036) Gross 12599,		Net 12600, +	13
Taxable capital gains (complete Schedule 3)	12700	14	
Capital gains reduction (complete Schedule 3)	12701	0000	
Line 14 minus line 15	II	+  -	- 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)	T4FHSA slip)	12905 +	19
Taxable FHSA income - other (see the T4FHSA slip)		12906 +	20
Other income (specify):		13000 +	21
Taxable scholarships, fellowships, bursaries and artists' project grants	ct grants	13010 +	22
Add lines 1 to 13 and lines 16 to 22.		11	23
Self-employment income (see Guide T4002):			
Business income Gross 13499	Net 13500	24	
Professional income Gross 13699	Net 13700 +	72	
Commission income Gross 13899	Net 13900 +	56	
Farming income Gross 14099	Net 14100 +	72	
Fishing income Gross 14299	Net 14300 +	28	
Add lines 24 to 28. Net self-employment income	ment income =	+	1 29
Line 23 plus line 29	4	 	)  -
Workers' compensation benefits (box 10 of the T5007 slip)	14400	 	
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

Samples of Forms

5015-R E (24)

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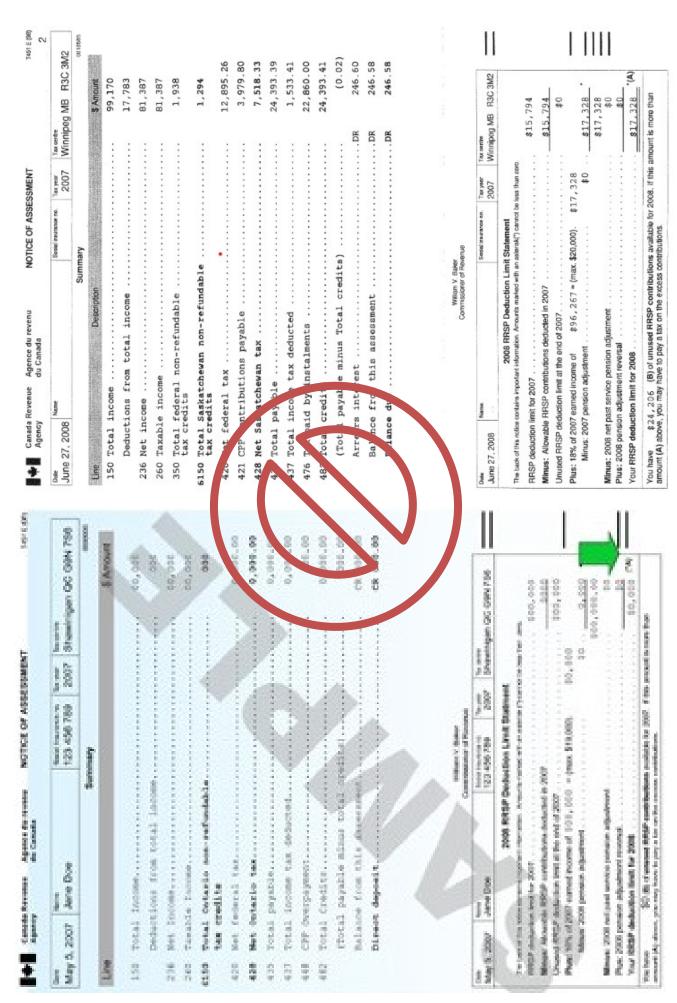
= 15,705,0060 <u>e</u> 5,159|24 34,394,96 22215 + 105|04
Add lines 20700 to 22400, 22900, 23100, and 23200. 23300
This is your net income before adjustments. 23400 = Taxpayer
This is your net income. 23600 34.55 Taxpayer Line 40600 minus line 41600 (if negative, enter "0") 41700 = The 300 re your total credits. 48200 (C) 5.159 24.
Add lines (C) and 40424. 40400
35000
Add lines 35000 to 40427.
Basic federal tax (if negative, enter "0") 549900 This is your total payable, 43500 Ontario 10100 This is your totadox gogge. 15000 This Add lines 30000 to 33200. 33500 uitiply the amount on line 33500 by 15%. 33800 add 34900. is your taxable income. 26000 Federal tax 40600 48500 add lines 1 41500 and 41800, 42000 Refund 48400 4,350 00 6 30 353 11 123 Main Street 15-03-1965 line 48200 Batance owing Š minus 43700 Line 43500 Federal return Canada workers benefit (CWB) advance payments received Average tax rate (total income taxes paid + total income) Total income Line 15000 minus line 23300 (if negative, enter "0") N. Faxable income Line 23600 minus ne 25700 (fregetive muters) Federal non-refundable Line 23400 minus line 23500 (if negative, enter "0") Basic personal amount CPP or QPP contributions: through employment tax credits Provinceyment income Posite Code 10100, 10400 to 14300, and 14700. Total federal non-refundable tax credits: Tax return Summary Employment Insurance overpayment Canada **WinBalance owi** Marital status on December 31, 2024 Street Enter the amount from line 35000. Employment Insurance premiums Canada employment amount Additional information Deduction for CPP and QPP Provincial or territorial tax Total income deducted for 2024 taxation year Social insurance number Tax on taxable income Net federal tax Province of residence Net federal tax: Marginal tax rate income ě GST/HST credit Refund Date of birth First name Last name

Samples of Forms

Canada

Agence du revenu du Cenada

Canada Revenue Agency Page 1 of 2



Samples of Forms - Not Accepted - Notice of Assessment

SOCIAL HOUSING PROGRAM - A	sset De	eclaration Form	
SOCIAL HOUSING FROGRAM - A	15361 00		
Applicant's Name:		Co-Applicant's Name:	
"Value" is the amount you could get for	"Depend	I dent" is a person that depends on other household me	mbers for
an item if you sold it, less any amount	the nece	essities of life since he/she is related by blood, marriag	e, or
owing on it.	adoption	n to the other household members and is 25 years of a	ge or less,
	or since	he/she is mentally or physically infirm regardless of ag	ge.
ASSET TYPE		EXAMPLES	TOTAL
Cash			
Enter the value regardless of where the	Cash on	hand	
money came from, e.g. lump sum	Balance	in all bank accounts (e.g. savings, chequing, and tax	
payments, capital gains, gambling	free savi	ings accts)	
winnings, insurance settlements,	Cash in a	a safety deposit box	
compensation, etc.			
Investments			
Enter the value of financial investments	Commo	dities, stocks, bonds, mutual funds, guaranteed	
that provide interest, dividends, or	investm	ent certificates (GICs), money market funds, etc.	
appreciate in value. Do not include	C.I		
locked-in investments that are		stock options, and warrants in a business	
inaccessible, e.g. a trust fund where the	Minerai	rights and oil and gas leases	
age requirement has not yet been met.			
Real estate	•		
Enter the value of land, properties, and		residence	
buildings.	-	operties and buildings (e.g. vacation home, rental	
		y, commercial building, out buildings, etc.)	
		g. vacant lots, acreage, farmland, etc.)	
		ut a dependent complete this section (e.g. seniors)	
Enter the value of savings or investments for		ed Retirement Savings Plans (RRSPs)	
retirement. Do not include funds that have	Compan	y and private pension plans	
been converted to income, e.g. RRIF.  Vehicles			
	Drimory	vahialas /i a tha ana tha hausahald usas mast far	T
Enter the value of vehicles.	transpor	vehicles (i.e. the one the household uses most for	
		•	
		onal vehicles (e.g. boat, motor home, trailer, all	
		vehicle, snowmobile)	
Business assets - only households withou		·	
Enter the value of assets for the		k, inventory, raw materials, tools, equipment,	
operation of a business, including		ery, livestock, cash, furniture, etc.	
farms.	Illacillile	ery, investock, cash, furniture, etc.	
Valuable personal effects			
Enter the value of items that are not	F g iewe	ellery, antiques, collections, etc.	
essential for day-to-day living.	L.g. Jew	enery, untiques, concetions, etc.	
	out a der	pendent complete this section (e.g. seniors)	
Enter value of items you supply as an		s, machinery, computer, electronics, musical	
employed or contracted worker.	_	ents, etc.	
		this Asset Declaration Form is true, correct, and comp	ete.
,		.,	
Applicant's Signature	Date	Co-Applicant's Signature	Date



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North Battleford, SK S9A 4B2

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#### **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.

OBE COMPLETED BY THE EMPLOYER ONLY							
	Plea	se supply the GROSS I	MONTHLY INC	OME f	or 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			
	?	<ul> <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>					
Comple	ted by (Payma	aster): Completed on://_ PLEASE PRINT Completed on:/_/ MM DD YY					
Paymas	ter Signature:	:NOTE: It is Fraudulent to make a False Declaration.					
Name o	of Firm:	Address:					
City:		Phone Number:Fax Number:					
<mark>APPLICA</mark>	NT'S AUTHOR	IZATION TO RELEASE	INFORMATIO	N			
Employ	ee Name:	PLEASE PRINT		Em	oloyee Signature	::	
Address	s:		I	Phone	Number:		<u> </u>



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#### **RENTAL REFERENCE FORM**

TO BE COMPLETED BY THE APPLICANT					
NAME: RENTAL ADDRESS:					
☐ Current Landlord					
☐ Previous Landlord					
The above applicant has applied for housing with The Battlefords Housin application process a landlord reference is required. Please complete the fol applicant. The Battlefords Housing Authority reserves the right to contact information is true and correct.	lowing form and return it to				
I hereby authorizeto disclose	information				
(Name of Landlord or Rental Agency) regarding my tenancy at the above address to The Battlefords Housing Author	ority.				
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					
<ul> <li>Pays usually on or before the 1<sup>st</sup> of the month</li> </ul>					
□ Pays usually on or before the 5 <sup>th</sup> of the month					
Pays usually before the 15 <sup>th</sup> of the month					
<ul> <li>Pays balance of rent by the 20<sup>th</sup> of month</li> <li>Always Late</li> </ul>					
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	l Maintenance		
	Good		
	Poor		
	Not Applicable		
Com	plaints/Tenancy Problems		
	Have bed bugs currently – Yes o	or No Have had be	d bugs in the past - Yes or No
	Pet on premises when not allow	ed	
	Others living in the unit when n	ot on the Lease Agr	eement
	Noise/Disturbance/Illegal Acti	vity# o	f Complaints
	Unit kept in poor condition and,	or damages done	to unit
	Other		
Gave	e proper notice?		
	Yes		
	No		
Bala	nce owing upon Vacating:		
Rent	Outstanding:	Damages:	Cleaning:
C	and Commonton		
Gene	eral Comments:		
Secu	rity Deposit:		
	•		
	Was returned in full		
	Partially returned: Explain:		
	Not returned		
Stan	np of Rental Agency (if applicable)		
	, p = 0,		
		<u></u>	lame
		-	ignatura
		_	ignature
			Paytime Phone #



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#### **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 application process a landlord reference is required. Please complete the follo				
applicant. The Battlefords Housing Authority reserves the right to contact information is true and correct.	the landlord to verify all			
I hereby authorizeto disclose in	nformation			
(Name of Landlord or Rental Agency) regarding my tenancy at the above address to The Battlefords Housing Author	ity.			
Date Signed				
Applicant's Signature				
TO BE COMPLETED BY THE LANDLORD				
Tenancy fromto				
Monthly Rent Payable:				
Utilities included with Rent:				
□ Energy				
□ Water				
□ Power				
Doubte   Doubte out of				
Rental Payments:				
<ul> <li>Pays consistently on or before the 1<sup>st</sup> of month</li> <li>Pays usually on or before the 1<sup>st</sup> of the month</li> </ul>				
□ Pays usually on or before the 1 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				
<ul> <li>Tenant calls to make/discuss payment arrangements when necessary</li> </ul>				
# 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					
	onanown, not noted in me					
Yard	Maintenance					
	Good					
	Poor					
	Not Applicable					
Com	plaints/Tenancy Problems					
	Have bed bugs currently – Yes or N	No Have had bed bugs in th	e past - Yes or No			
	Pet on premises when not allowed					
	Others living in the unit when not o					
	, , , , , , , , , , , , , , , , , , , ,					
	Unit kept in poor condition and/or					
	Other	<del></del>				
Gave	e proper notice?					
	Yes					
	No					
Balance owing upon Vacating:						
Rent	Outstanding: D	amages:	Cleaning:			
_						
Gene	eral Comments:					
Secu	rity Deposit:					
	Was returned in full					
	□ Partially returned: Explain:					
	Not returned					
Stan	np of Rental Agency (if applicable)					
		<u></u>				
		Name				
		Daytime Phon	 e#			