THE BATTLEFORDS HOUSING AUTHORITY

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
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.

ALL SHC PROPERTIES ARE NO SMOKING EFFECTIVE AUGUST 1, 2018

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

INCOME DOCUMENTS ARE REQUIRED IN ORDER TO DETERMINE YOUR ELIGIBILITY.

1. **Gather the required documentation listed below and complete 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 **2025** 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.

- **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.

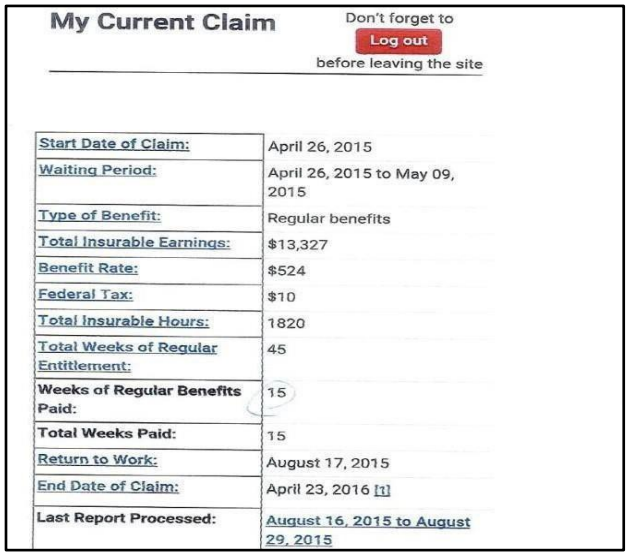
In the meantime, if your situation or contact information has changed, please contact our office at 306-445-4393.

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

Start Date of Claim:	April 26, 2015
Waiting Period:	April 26, 2015 to May 09, 2015
Type of Benefit:	Regular benefits
Total Insurable Earnings:	$13,327
Benefit Rate:	$524
Federal Tax:	$10
Total Insurable Hours:	1820
Total Weeks of Regular Entitlement:	45
Weeks of Regular Benefits Paid:	15
Total Weeks Paid:	15
Return to Work:	August 17, 2015
End Date of Claim:	April 23, 2016 [1]
Last Report Processed:	August 16, 2015 to August 29, 2015

Canada Revenue Agency / Agence du revenu du Canada

T1 2025

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 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 supporting documents in case the Canada Revenue Agency (CRA) asks to see them later.

Step 1 – Identification and other information

8

Identification

First name | Last name

Mailing address (apartment - number, street)

PO Box | Prov./Terr. | Postal code

City

Email address

By providing your email address, you will **stop receiving** paper mail from the CRA and will instead receive an email notification when mail is available in My Account. To access My Account, go to **canada.ca/cra-sign-in-services** and sign in to or register for a CRA account.

Social insurance number (SIN), temporary tax number (TTN), or individual tax number (ITN):

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, 2025:

1 ☐ Married
2 ☐ Living common-law
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Single

If your marital status **changed** in 2025, enter the date of change (Month Day)

Your language of correspondence: ☐ English
Votre langue de correspondance : ☐ Français

Residence information

Your province or territory of residence on December 31, 2025:

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 2025:

If you **became** a resident of Canada in 2025 for income tax purposes, enter your date of entry: (Month Day)

If you **ceased** to be a resident of Canada in 2025 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, TTN, or ITN

Tick this box if they were self-employed in 2025. 1 ☐

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.

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 QPP 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)			12500	+	12
Rental income (complete Form T776) Gross 12599		Net	12600	+	13
Taxable capital gains (complete Schedule 3)			12700	+	14
Support payments received (go to **canada.ca/taxes-support-payments**) Total 12799		Taxable amount	12800	+	15
Registered retirement savings plan (RRSP) income (from all T4RSP slips)			12900	+	16
Taxable first home savings account (FHSA) income (see the T4FHSA slip)			12905	+	17
Taxable FHSA income other (see the T4FHSA slip)			12906	+	18
Other income (specify):			13000	+	19
Taxable scholarships, fellowships, bursaries and artists' project grants			13010	+	20
Add lines 1 to 20.				=	21

Self-employment income (see Guide T4002):

Business income	Gross 13499		Net 13500			22
Professional income	Gross 13699		Net 13700	+		23
Commission income	Gross 13899		Net 13900	+		24
Farming income	Gross 14099		Net 14100	+		25
Fishing income	Gross 14299		Net 14300	+		26
Add lines 22 to 26.		Net self-employment income	=		► +		27
Line 21 plus line 27					=		28
Workers' compensation benefits (box 10 of the T5007 slip)			14400			29
Social assistance payments			14500	+		30
Net federal supplements paid (box 21 of the T4A(OAS) slip)			14600	+		31
Add lines 29 to 31 (see line 25000 in Step 4).			14700	=	► +		32
Line 28 plus line 32		**Total income**	15000	=			33

SAMPLE

T1 General (Income Tax and Benefit Return) Sample

Income Tax Return Summary Sample

Tax return Summary
for 2024 taxation year

UFile

	Taxpayer
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	City
Province	Ontario
Postal code	X0X 0X0

Federal return

Total income

			Taxpayer
Employment income		10100	34,500 00
Add lines 10100, 10400 to 14300, and 14700.	This is your total income.	15000 =	34,500 00

Net income

Deduction for CPP and QPP enhanced contributions	22215 + 105 04			
	Add lines 20700 to 22400, 22900, 23100, and 23200.	23300	-	105 04
Line 15000 minus line 23300 (if negative, enter "0")	This is your net income before adjustments.	23400	=	34,394 96
Line 23400 minus line 23500 (if negative, enter "0")	This is your net income.	23600	=	34,394 96

Taxable income

Line 23600 minus line 25700 (if negative, enter "0")	This is your taxable income.	26000	=	34,394 96

Federal non-refundable tax credits

Basic personal amount		30000		15,705 00
CPP or QPP contributions: through employment		30800	+	519 96
Employment Insurance premiums		31200	+	572 70
Canada employment amount		31260	+	1,433 00
	Add lines 30000 to 33200.	33500	=	18,230 66
	Multiply the amount on line 33500 by 15%.	33800	=	2,734 60
Total federal non-refundable tax credits:	add lines 33800 and 34900.	35000	=	2,734 60

Net federal tax

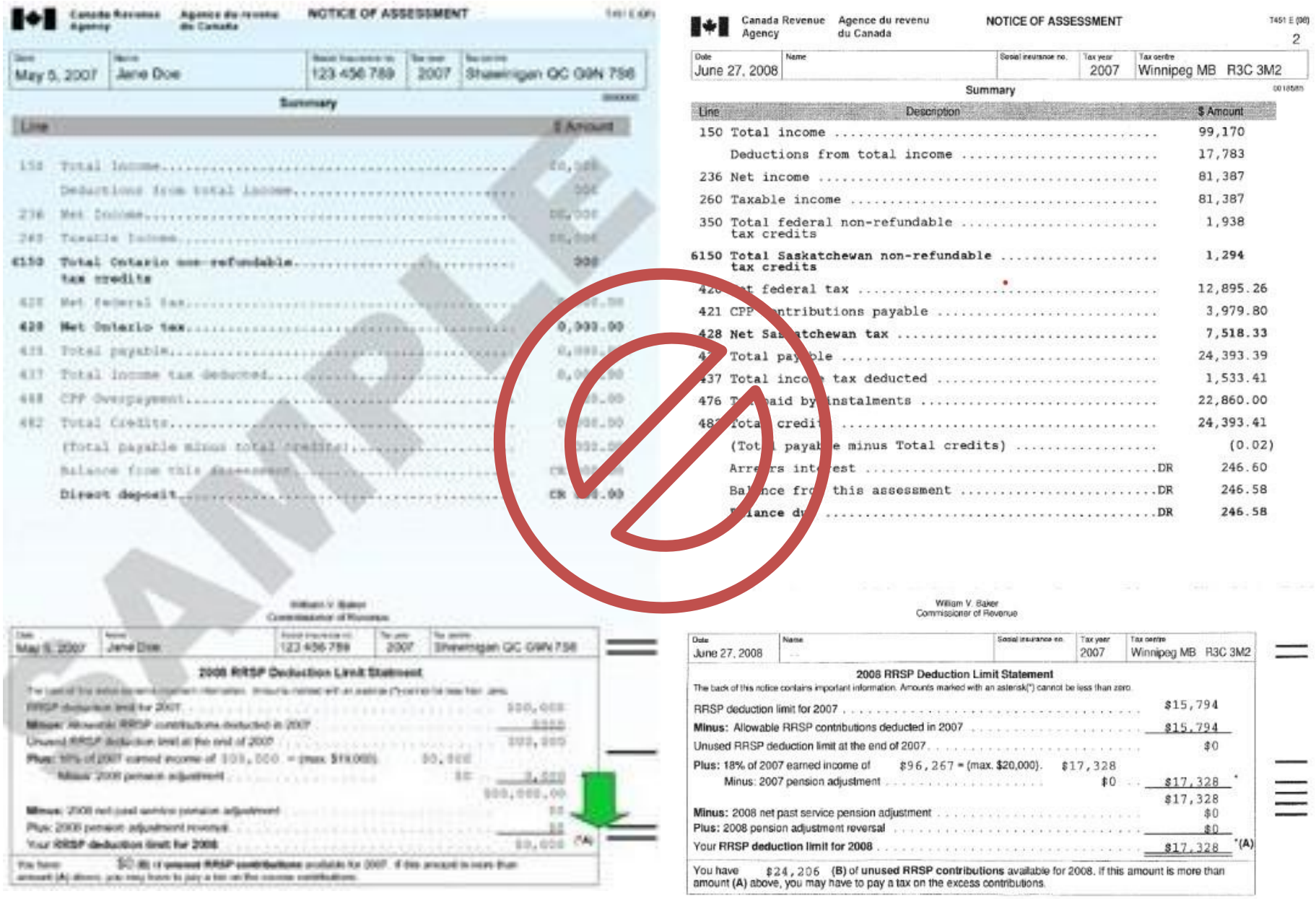
Tax on taxable income	(C) 5,159 24			
	Add lines (C) and 40424.	40400		5,159 24
Enter the amount from line 35000.	35000 2,734 60			
	Add lines 35000 to 40427.		-	2,734 60
	Basic federal tax (if negative, enter "0")	42900	=	2,424 64
	Federal tax	40600	=	2,424 64
	Line 40600 minus line 41600 (if negative, enter "0")	41700	=	2,424 64
Canada workers benefit (CWB) advance payments received		41500	+	353 11

Refund or Balance owing

Net federal tax:	add lines 41700, 41500 and 41800.	42000	=	2,777 75
Provincial or territorial tax		42800	+	575 37
	This is your total payable.	43500	=	3,353 12
Total income tax deducted	43700 4,350 00			
Employment Insurance overpayment	45000 + 6 30			
Canada workers benefit	45300 + 353 11			
	These are your total credits.	48200	-	4,709 41
	Line 43500 minus line 48200		=	(1,356 29)
	Refund	48400		1,356 29
	Balance owing	48500		0 00

Additional information

Marginal tax rate	20%
Average tax rate (total income taxes paid + total income)	8.7%
GST/HST credit	519 00

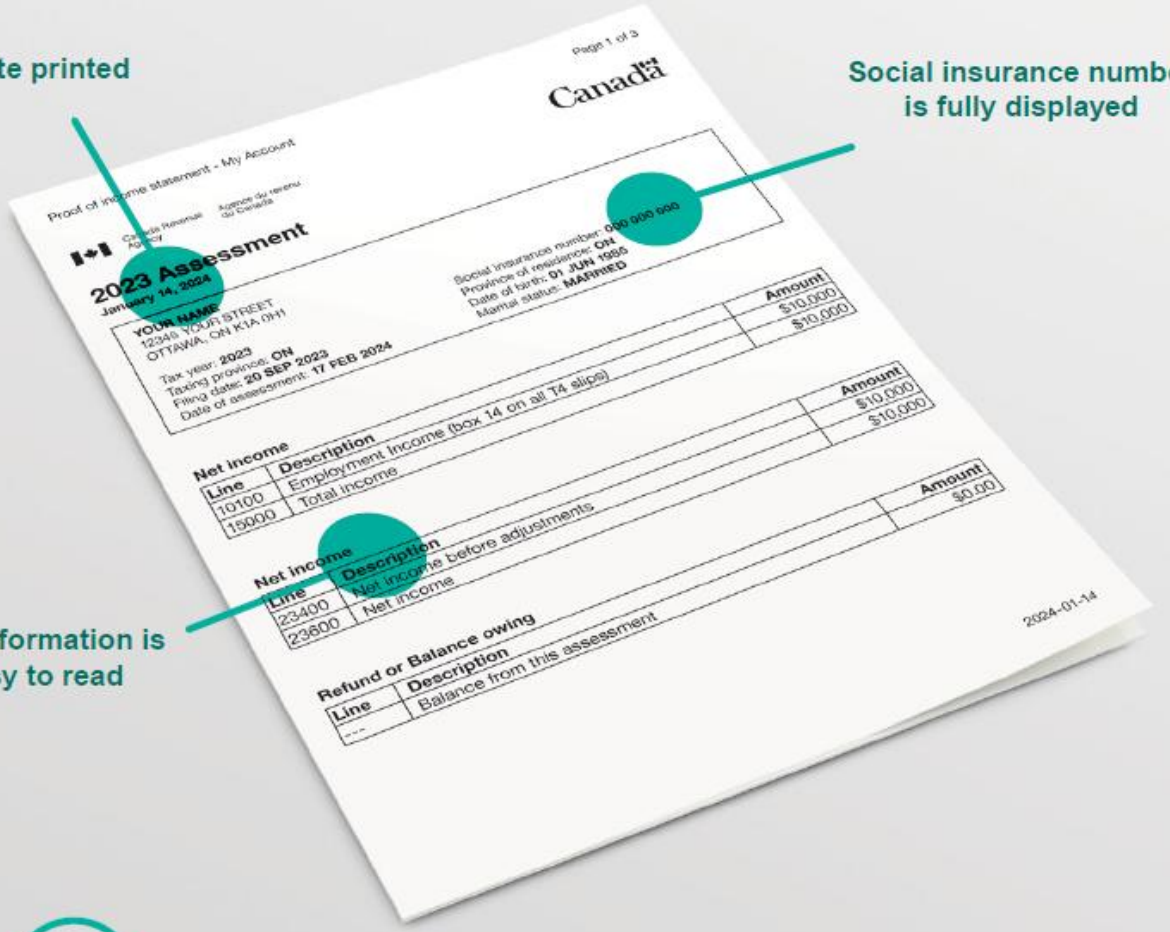


Samples of Forms - Not Accepted - Notice of Assessment

If you do not have a copy of your T1 Income Tax and Benefit Return please obtain from CRA:

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 Revenue Agency | Agence du revenu du Canada

Canada

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

CANADA

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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:

UCI:

CLIENT INFORMATION

Family Name:
Given Name(s):
Date of Birth: (yyyy/mm/dd)
Sex:
Country of Birth:
Country of Citizenship:
Date Issued: (yyyy/mm/dd)
Expiry Date: (yyyy/mm/dd)

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 of the Immigration and Refugee Board.

Immigration Canada
08 FE 2016

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.
I, 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

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FORMULAIRE ÉTABLI PAR LE MINISTRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

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CBN

Canada

Example: Refugee Protection Claimant Document

Work Permits

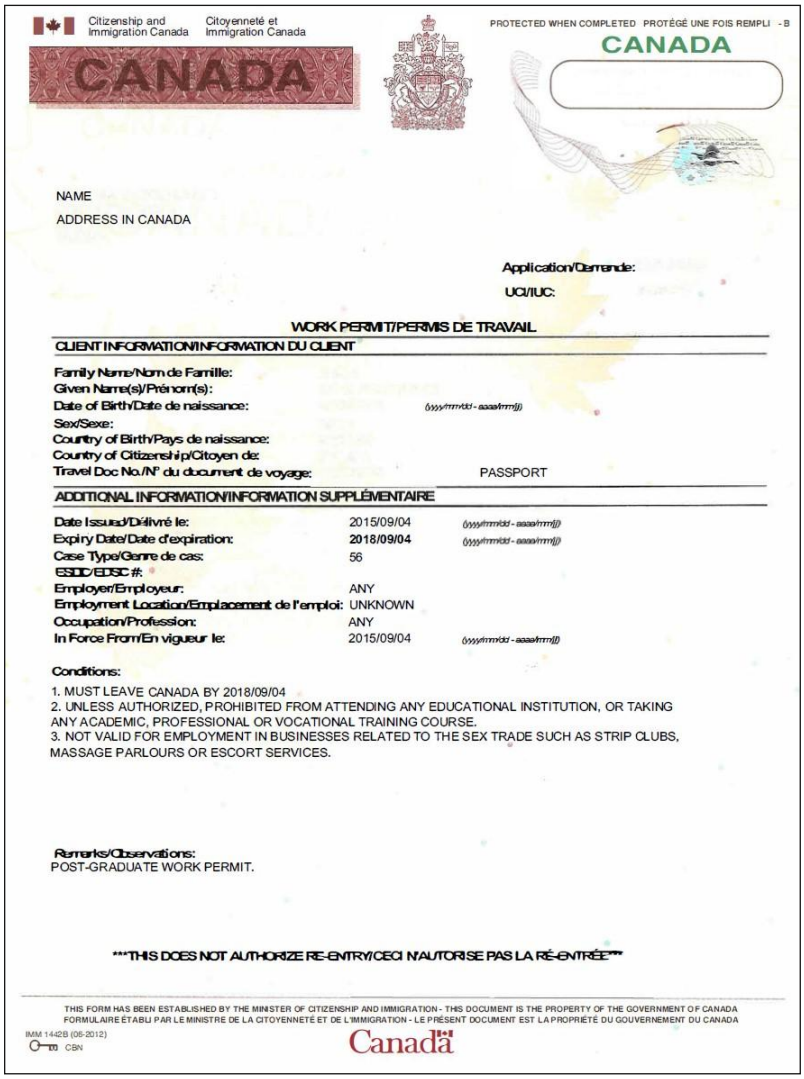
A work permit is a document that authorizes a person to work legally in Canada. Issued by Citizenship and Immigration Canada, the work permit sets out conditions such as the following for the worker:

- 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

CANADA

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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: (yyyy/mm/dd - 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	(yyyy/mm/dd - aaaa/mm/jj)
Expiry Date/Date d'expiration:	**2018/09/04**	(yyyy/mm/dd - 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	(yyyy/mm/dd - 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 N'AUTORISE PAS LA RÉ-ENTRÉE

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Canada

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

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CANADA

CANADA

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:
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: 2015/04/07
Expiry Date/Date d'expiration: 2018/12/31
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

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

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IMM 1442B (09/2012)
CBN

Canada

Example: Study Permit

THE BATTLEFORDS HOUSING AUTHORITY

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.

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: ☐ Weekly ☐ Bi-Weekly ☐ 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			
		• 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

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

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:

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_____

Name

_____

Signature

_____

Daytime Phone #