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
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.

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 As of July 1, 2025	Max Annual Income
Senior single	$54,000 / yr
Senior couple	$67,000 / yr
Asset Limit	$300,000
If you are above these limits, please ask us about the SENIOR HOUSING 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 **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 **farm or business income,** you will also need to supply a statement of business activities.

- **T4's and T 5's:** Please provide **2025** 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

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

T1 General (Income Tax and Benefit Return) Sample

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 | RR

City | Prov./Terr. | Postal code

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

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

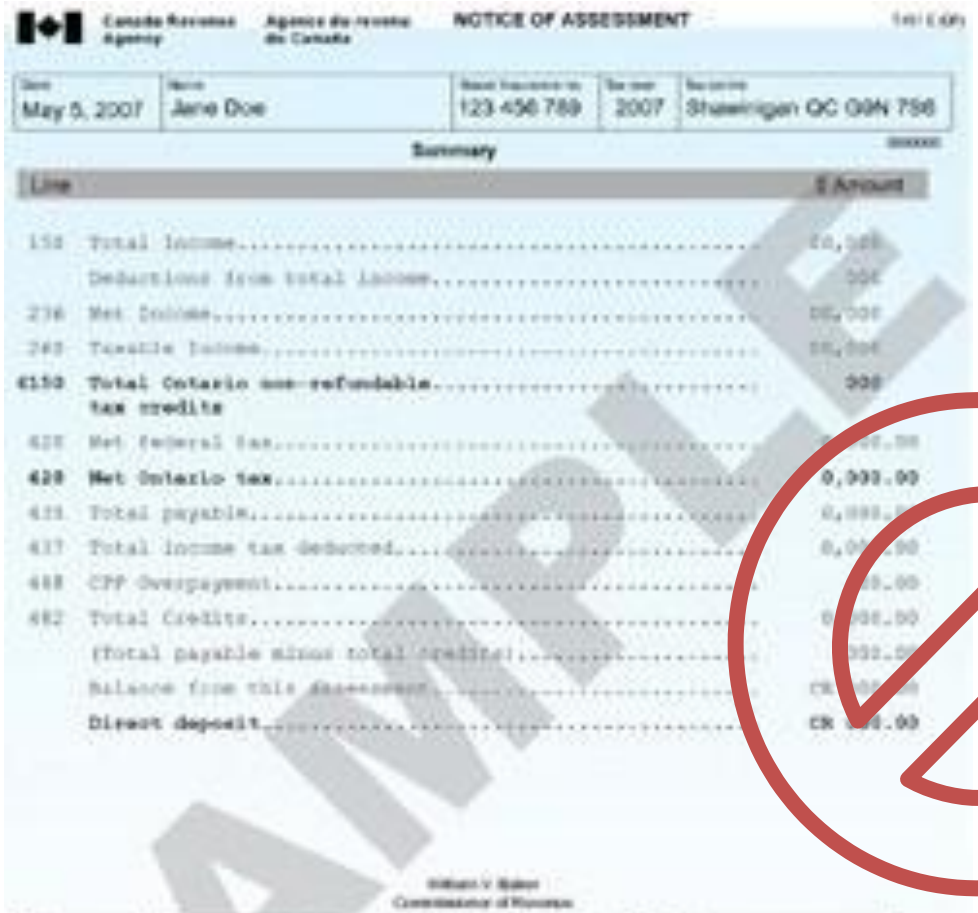
Tax on taxable income	(C) 5,159 24			
	Add lines (C) and 40424.	40400		5,159 24
Enter the amount from line 35000.	35000 2,734 60			
	Add lines 35000 to 40427.		-	2,734 60
	Basic federal tax (if negative, enter "0")	42900	=	2,424 64
	Federal tax	40600	=	2,424 64
	Line 40600 minus line 41600 (if negative,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

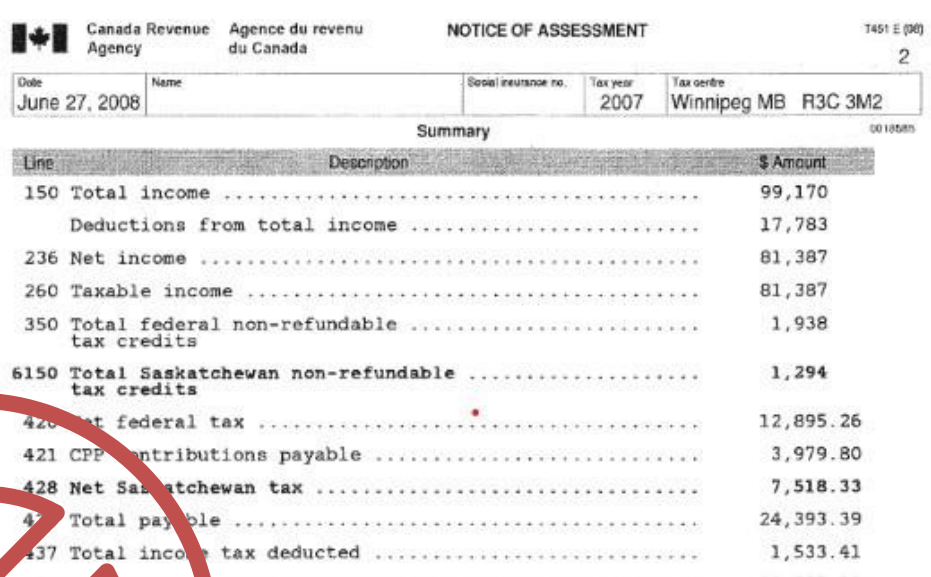
Refund or Balance owing

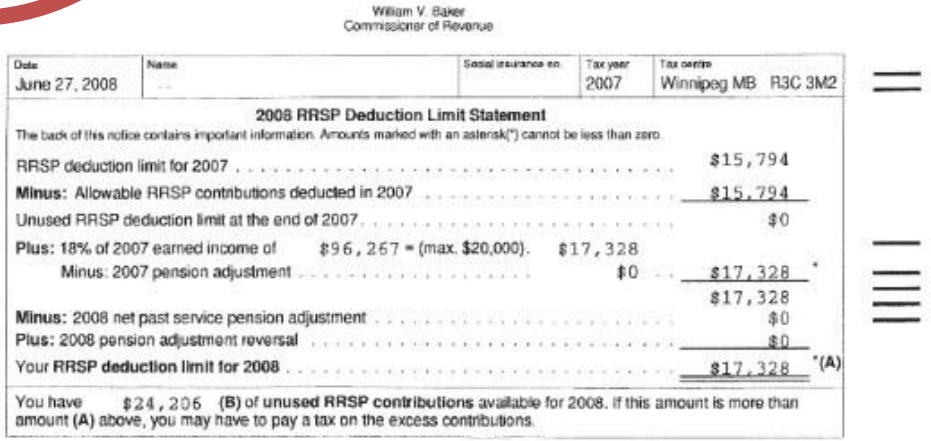
Net federal tax:	add lines 41700, 41500 and 41800.	42000	=	2,777 75
Provincial or territorial tax		42800	+	575 37
	This is your total payable.	43500	=	3,353 12
Total income tax deducted	43700 4,350 00			
Employment Insurance overpayment	45000 + 6 30			
Canada workers benefit	45300 + 353 11			
	These 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







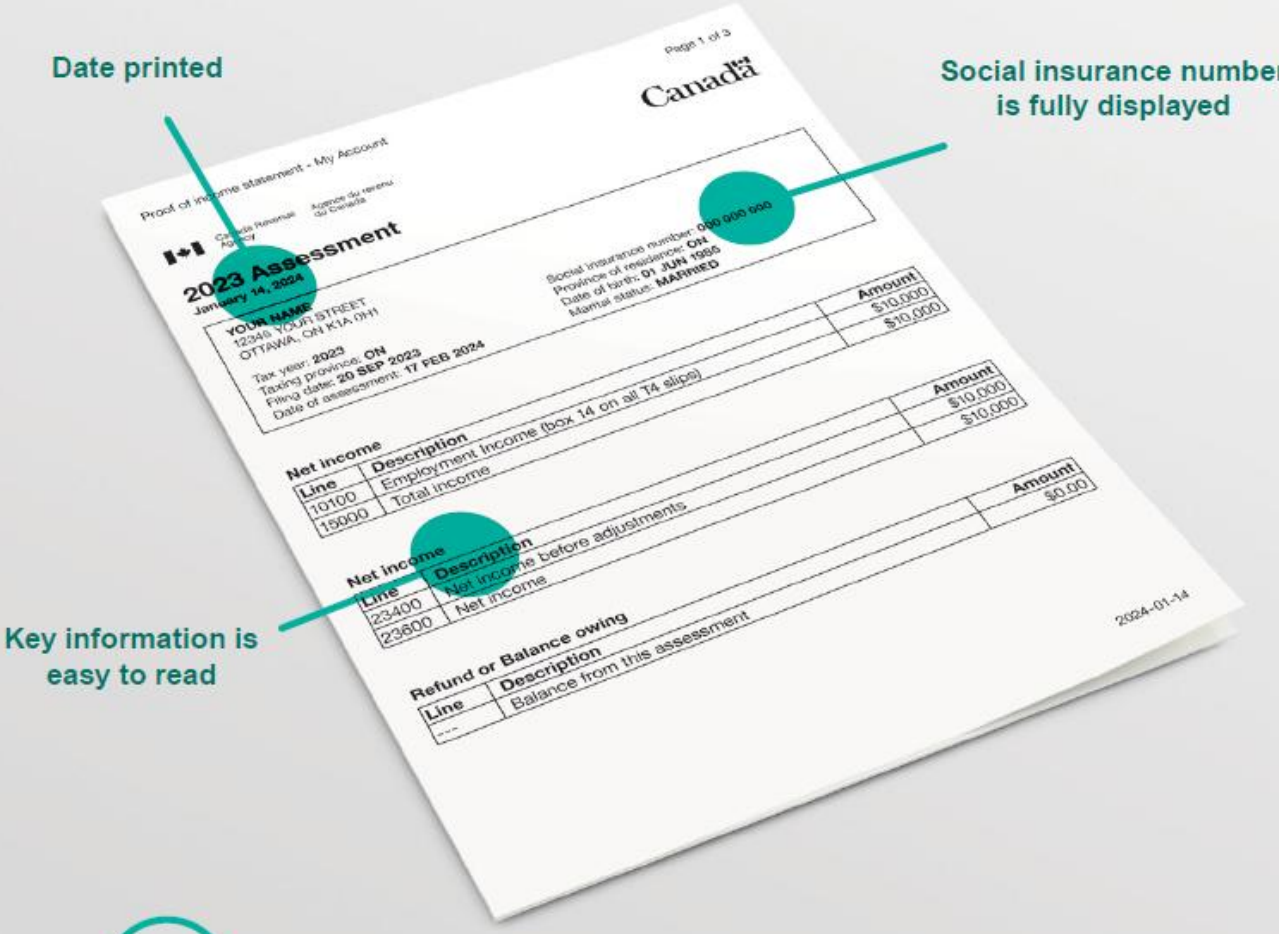
SAMPLE

Sample Notice of Assessment - Not Accepted

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

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

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North Battleford, SK S9A 4B2
Phone: 306-445-4393 Fax: 306-446-1277
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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.

TOBECOMPLETED BY THEEMPLOYER 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: _____

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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 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 #

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(Please Print)

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☐ **Previous Landlord**

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_____
Date Signed

_____
Applicant's Signature

TO BE COMPLETED BY THE LANDLORD

Tenancy from _____ to _____

Monthly Rent Payable: _____
Utilities included with Rent:

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- □ Water
- □ Power

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- □ 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 #

Housing Application

About Housing

Saskatchewan Housing Corporation (SHC) offers affordable housing for seniors, families and individuals with low to moderate incomes, and people living with disabilities. People in greatest need of housing are SHC's priority. Rent is based on a tenant's household income or is fixed at an affordable rate.

Housing is available in about 270 communities across Saskatchewan and is managed by local housing authorities. Housing is available to people who are:

- Able to live independently with or without community supports; and
- Legally allowed to reside in Canada (Canadian citizen, permanent resident, refugee claimant, temporary resident with current work or study permit).

Some communities have fully accessible units for people with disabilities.

For emergency shelter, contact the shelters in your community. If you require information about emergency shelters, you can visit sk.211.ca, text "Hello" to 211, or call 211.

Applying for Housing

This package includes a checklist of additional documents that might be required to support your application. Your local housing authority can provide direction about which documents you will need to submit.

After reviewing your application, the housing authority will call you for an interview to fully assess your need for housing and understand your housing preferences.

The information you provide in this application is protected by *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act.*

If you have any questions or would like more information, contact your local housing authority.

CMHC SCHL

Saskatchewan Housing Corporation

Document Checklist

Your housing authority will let you know which of these documents are required for your application.

☐ Residency Information

If you are NOT a Canadian citizen, provide copies of documents pertaining to immigration status:

- ☐ Permanent Resident card (front and back)
- ☐ Refugee Protection Claimant document
- ☐ Notice of Decision
- ☐ Work Permit and/or Study Permit

☐ Rental References

If required by your housing authority, provide:

- ☐ Completed rental reference forms (available from the housing authority) for the applicant and co-applicant. If you do not have any rental references, your housing authority might ask you to provide letters from character references.

☐ Proof of Before-Tax Household Income

Income verification is required for all household members age 18 and over, excluding dependants under the age of 25 who are full-time students.

For any household members who filed a tax return last year, provide:

- ☐ Income tax return and Notice of Assessment

  OR

- ☐ Proof of Income Statement (Option C), a simple version of your tax assessment that you can obtain by calling Canada Revenue Agency at 1-800-267-6999.

  You can also obtain your Notice of Assessment or Proof of Income Statement online at CRA My Account.

If you did not file a tax return last year or if your income has changed significantly since last year, you can provide alternate documents as proof of income. The following list provides examples of documents your housing authority might ask you to submit.

- Employment income, income earned on reserve, and self-employment income (last 3 months)
- EI (last month)
- Worker's Compensation (last month)
- Assistance benefits, such as SAP, SIS, TEA, SAID, PTA (last month)
- Investment income or dividends and rental property income (last year)
- Retirement savings withdrawals from a plan, such as a RRSP
- Pension income, including work pension, private pension, and CPP (last month)
- OAS and benefits including GIS (last month)
- Federal veterans benefits and disability benefits (last month)
- Scholarships, bursaries, grants, band funding, and tuition paid (current school year)
- Child support and spousal support, both paid and received (last month)

You might be asked to provide additional proof of income (up to 12 months).

Applicant

Personal Information

Applicant: _____ _____ _____
First name *Middle name(s)* *Last name*

Current Address: _____ _____
Unit number and address *PO Box*

_____ _____ _____
City/Town *Province* *Postal Code*

Marital Status: ○ Single/Widowed/Separated/Divorced ○ Married/Common-law

Social Insurance Number: _____ Email: _____

Phone Numbers: _____ _____ _____
Home *Work* *Cell*

Gender: ○ F ○ M ○ X Birthdate: _____
MM/DD/YYYY

Alternate Contact: _____ _____
(Optional) *Name* *Phone number*

Canadian residency status: ○ Canadian Citizen ○ Permanent Resident ○ Temporary Resident
○ Refugee Claimant ○ Other: _____

Rental History and References

Do you currently live in a home you own? ○ Yes ○ No

Are you a first time renter? ○ Yes ○ No

If you have rented from a housing authority, which one? _____

Do you owe money to a housing authority or SHC? ○ Yes ○ No

Provide contact information for your current and previous landlords. If you have not rented, provide two character references that are not friends or family (teacher, support worker, health professional, etc.).

Current Landlord: *(or Character Reference)*
Name: _____ Contact: _____ *(If applicable)*
Phone _____ Email: _____
Tenancy start: _____ *(If applicable)* *MM/DD/YYYY*

Previous Landlord: *(or Character Reference)*
Name: _____ Contact: _____ *(If applicable)*
Phone _____ Email: _____
Tenancy start: _____ *(If applicable)* *MM/DD/YYYY* Tenancy end: _____ *(If applicable)* *MM/DD/YYYY*

Household

Household Member Information

Provide details for each additional person who will live in the household, including children.
If you require additional space, please attach a page to your application.

First Name	Last Name	Birthdate *(MM/DD/YYYY)*	Gender *(F/M/X)*	Relationship to Applicant

Will any children live in the home less than half of the time? ○ Yes ○ No

Will household size increase within the year? ○ Yes ○ No
(Expecting a new baby, child returning from care, elderly parent joining the household, etc.)

If a member of the household has a permanent disability, do you need:

☐ A fully accessible unit
Allows an individual using a wheelchair to live comfortably (lower counters, wider doorways, etc.)

☐ Other adaptations _____

Do you have or plan to have any animals? ○ Yes ○ No
Many Saskatchewan housing authorities have a strict no-pet policy.

Income and Assets

Did you file a tax return for the most recent tax year? ○ Yes ○ No
If you did not file a tax return, you can still apply for housing.

Are assistance benefits your only source of household income? ○ Yes ○ No
Assistance benefits include SAP, SIS, TEA, SAID, and PTA.

Are any dependent household members between the ages of 18 and 25 full-time students? ○ Yes ○ No

What is your yearly before-tax household income? $ _____
Include the income of all household members 18 years and older, excluding dependants under the age of 25 who are full-time students. If available, add up line 15000 of all applicable household members' most recent tax returns.

What is the total approximate value of your household assets? $ _____
Include the assets of all household members 18 years and older, excluding dependants under the age of 25 who are full-time students. The value of an asset is the amount you would receive if you sold the asset less any amount owing on it.
Consider:

- *cash, investments, secondary vehicles, jewelry, antiques, collectibles, real estate, retirement savings; and*
- *business tools of the trade and assets such as cash, stock, inventory, equipment, livestock, etc. (only if the business is no longer operational).*

Co-applicant

If there is no co-applicant, go to Household.

Personal Information

Co-applicant:

First name _____ Middle name(s) _____ Last name _____

Relationship to applicant: _____

Current Address:

☐ *Same as applicant*

Unit number and address _____ PO Box _____

City/Town _____ Province _____ Postal Code _____

Marital Status: ○ Single/Widowed/Separated/Divorced ○ Married/Common-law

Social Insurance Number: _____ Email: _____

Phone Numbers:

Home _____ Work _____ Cell _____

Gender: ○ F ○ M ○ X Birthdate: _____ *MM/DD/YYYY*

Alternate Contact: *(Optional)*

Name _____ Contact phone number _____

Canadian residency status: ○ Canadian Citizen ○ Permanent Resident ○ Temporary Resident ○ Refugee Claimant ○ Other: _____

Rental History and References

Do you currently live in a home you own? ○ Yes ○ No

Are you a first time renter? ○ Yes ○ No

If you have rented from a housing authority, which one? _____

Do you owe money to a housing authority or SHC? ○ Yes ○ No

Do you have the same references as the applicant? ○ Yes ○ No *If yes, go to Household*

Provide contact information for your current and previous landlords. If you have not rented, provide two character references that are not friends or family (teacher, support worker, health professional, etc.).

Current Landlord: *(or Character Reference)*

Name: _____ Contact: _____ *(If applicable)*

Phone _____ Email: _____

Tenancy start: _____ *(If applicable)* *MM/DD/YYYY*

Previous Landlord: *(or Character Reference)*

Name: _____ Contact: _____ *(If applicable)*

Phone _____ Email: _____

Tenancy start: _____ *(If applicable)* *MM/DD/YYYY* Tenancy end: _____ *(If applicable)* *MM/DD/YYYY*

Declaration and Consent

I declare that all the information in this application is true and complete.

I give consent to SHC and my housing authority to collect, use, and share information that I or another source provide during my application and my tenancy (if approved for a housing program) to:

- determine if I am eligible for a housing program; this includes verifying my household income with my employer, the Government of Saskatchewan, and/or the Government of Canada.
- verify my continued eligibility if I am approved for a housing program.
- contact previous landlords and respond to inquiries from future landlords regarding my tenant history.
- verify with a support service provider the services I received.
- contact my alternate contact (if provided) if I cannot be reached at the street address, phone numbers, or email address provided.
- collect arrears or any other amount owed to SHC.
- audit and evaluate the effectiveness of a housing program.

In addition, I give consent for my information to be used by:

- the Government of Saskatchewan (or a third party contracted by the Government of Saskatchewan) for analysis and research of its programs and services; this might involve my information being combined with information from other Government of Saskatchewan ministries and/or agencies, even if I do not receive a program benefit.
- the Government of Canada and its agents, including Statistics Canada and the Canada and Mortgage and Housing Corporation, for analysis and research of national housing programs.

I understand:

- if any information in my application is found to be false, my application might not be considered, or if I have been placed in a rental unit, I might be required to vacate the unit.
- this application does not obligate SHC to provide me with a housing program benefit.
- the information I provide during the application process and my tenancy will be collected, used, kept, and disposed of as required by law.
- I may withdraw consent for the use of my information by contacting SHC at 1-800-667-7567. Withdrawal of consent will be effective the date I notify SHC; it will not be retroactive. Withdrawal of consent might affect my ability to continue receiving a housing program benefit.

Signature of applicant	Date (MM/DD/YYYY)
Signature of co-applicant	Date (MM/DD/YYYY)
Signature of other adult(s)	Date (MM/DD/YYYY)

Optional Declaration

Applicant:	I choose to declare as	☐ Indigenous	☐ A visible minority	☐ A person with a disability
Co-applicant:	I choose to declare as	☐ Indigenous	☐ A visible minority	☐ A person with a disability

For office use only **(enter in HOMES)** Program: ○ Social ○ Life Lease ○ Seniors ○ Affordable ○ Other Application received on:_____ MM/DD/YYYY