



Application for Rental Housing

Social housing is intended for low to moderate income households including families, seniors, and persons with a disability. Under the Social Housing Program, tenants are provided with rent that is geared to their household income.

You are eligible for the social housing benefit if:

- your household's income and assets are at or below the limits established by Saskatchewan Housing Corporation (SHC) from time to time,
- you are able to live independently either alone or with supports,
- your household fits with the types of housing we have available in your community,
- you have good rental references from landlords, and
- you are **not** in Canada on a student visa or as a visitor.

If your application for the Social Housing Program is approved, the housing authority will review your housing circumstances and assess your level of need for housing. When a unit is available, the housing authority selects the household with the greatest housing need.

If your application for the Social Housing Program is approved but no housing unit is available immediately, you may need to provide additional information to confirm you are still eligible for the program when a unit becomes available.

If you are offered a housing unit, you will need to provide a security deposit.



CONTACT INFORMATION	
1. Applicant's name: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last name First name Middle name </div>	
2. Date of birth: (MM/DD/YYYY) __/__/____	3. Social Insurance Number:
4. Home Address: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Number/street Box number City/town Prov. Postal code </div>	
5. Phone number during the day:	6. Email:
7. Is there a co-applicant? (If no, skip numbers 8 to 10, and go to Part A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Co-Applicant's name: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last name First name Middle name </div>	
9. Relationship to applicant:	
10. Date of birth: (MM/DD/YYYY) __/__/____	11. Social Insurance Number:

PART A – ELIGIBILITY			
1. Are you in Canada on a student visa or as a visitor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Complete the table for each household member except yourself (applicant) and the co-applicant (if applicable).			
Last Name	First Name	Relationship to Applicant	Date of Birth (MM/DD/YYYY)
3. I have my child(ren) (check the one that applies): <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never			
4. If anyone in your household has a permanent disability that has a housing-related impact, please describe: <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>			
5. To allow us to determine your income, attach all income information for each household member 18 or older, except dependants 25 or younger who are fulltime students, and check what is attached. <ul style="list-style-type: none"> <input type="checkbox"/> Most recent T1 General – Income Tax and Benefit Return up to and including line 150. <input type="checkbox"/> Current “Option C” printout from Canada Revenue Agency showing all income sources. <input type="checkbox"/> Pay stub if income has changed since filing the most recent T1 General or if no T1 General was filed. <input type="checkbox"/> Proof of non-taxable income from the past year (e.g. income earned on reserve, child support payments, War Veterans Allowance, forgivable student loans, student grants and bursaries, band funding, etc.) 			
6. Provide your household's current total gross monthly income: \$ _____			

7. If you are a senior household (individual or couple) with assets over \$200,000, check the box that identifies the total value, skip number 8, and go to 9. \$200,001-\$350,000 \$350,001-500,000 Over \$500,000

8. Enter the values for your assets in the table below. ("Value" is the amount you could get for an item if you sold it less any amount owing on it.)

Asset Type	Examples	Total Values
All households complete a. to f.		
a. Cash Enter the value regardless of where the money came from, e.g. lump sum payments, capital gains, gaming/lottery winnings, insurance settlements, compensation, etc.	Cash on hand	
	Balance in all bank accounts (e.g. savings, chequing, and tax free savings accounts)	
	Cash in a safety deposit box	
b. Investments Enter the value of financial investments that provide interest, provide dividends, or increase 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	
c. Real estate Enter the value of land and buildings.	Primary residence	
	Other land and buildings, including farm land, vacation home, and rental property	
d. Retirement savings plans Enter the value of savings or investments for retirement. Do not include funds converted to income, e.g. Registered Retirement Income Fund.	Registered Retirement Savings Plans (RRSPs)	
	Company and private pension plans	
e. Vehicles Enter the value of vehicles. (A primary vehicle is the one the household uses most for transportation.)	Primary vehicle (Enter the value less \$35,000. If the result is negative, enter 0.)	
	Secondary vehicles, including business vehicles	
	Recreational vehicles, including boat, trailer, ATV, etc.	
f. Valuable personal effects Enter the value of items that are not essential for day-to-day living.	Jewellery, antiques, collections, etc.	
Only households without dependants complete g. and h. (i.e. seniors) "Dependants" rely on the head of the household for the necessities of life and include children 25 years of age or less related by blood, marriage, or adoption to members of the household and people with a permanent physical or cognitive disability.		
g. Business assets Enter the value of assets for the operation of a business, including a farm.	Cash, stock, inventory, raw materials, tools, equipment, machinery, livestock, furniture, etc. (Note: Include real estate above in C.)	
h. Tools of the trade Enter the value of items you supply as an employed or contracted worker.	Tools, machinery, computer, electronics, musical instruments, etc.	
TOTAL		

9. Complete the information below so that we are able to contact your rental references.

a. Applicant's current landlord (if you are currently renting):
 Agency name: _____ Contact: _____
 Phone number: _____ Fax number: _____

b. Applicant's previous landlord (if you rented in the past):
 Agency name: _____ Contact: _____
 Phone number: _____ Fax number: _____
 Rental address: _____ City/town: _____
 Tenancy start (MM/DD/YYYY): ___/___/____ Tenancy end (MM/DD/YYYY): ___/___/____

c. Have you ever rented from a housing authority in Saskatchewan? Yes No
 If yes, which one? _____ Rental address: _____
 City/town: _____ Do you owe money to a housing authority or SHC? Yes No

d. If there is a co-applicant, do they have the same rental references? (If yes, go to Part B) Yes No

e. Co-applicant's current landlord (if you are currently renting):
 Agency name: _____ Contact: _____
 Phone number: _____ Fax number: _____

f. Co-applicant's previous landlord (if you rented in the past):
 Agency name: _____ Contact: _____
 Phone number: _____ Fax number: _____
 Rental address: _____ City/town: _____
 Tenancy start (MM/DD/YYYY): ___/___/____ Tenancy end (MM/DD/YYYY): ___/___/____

g. Have you ever rented from a housing authority in Saskatchewan? Yes No
 If yes, which one? _____ Rental address: _____
 City/town: _____ Do you owe money to a housing authority or SHC? Yes No

PART B – ASSESSMENT FOR PRIORITY

The housing authority selects households with the greatest housing need. If you meet the requirements in Part A, the housing authority will use Part B to assess your level of need for housing.

1. I am/we are currently (check the one that applies):
 Homeless or at immediate risk of homelessness (i.e. living on the street, in a vehicle, motel, hostel, or shelter, or temporarily living with family or friends).
 Living in a home that I/we rent.
 Living in a home that I/we own.
 Other: _____

2. My/our current home has (check all that apply):

<input type="checkbox"/> Outside doors that don't close and/or lock.	<input type="checkbox"/> Persistent problems with insects or rodents.
<input type="checkbox"/> A roof and/or windows that leak when it rains.	<input type="checkbox"/> A foundation that is caving in.
<input type="checkbox"/> Bedroom windows that don't open.	<input type="checkbox"/> Doors, windows, stairs, etc. that are not safe.
<input type="checkbox"/> Exposed electrical wires.	<input type="checkbox"/> Hazards identified by a municipal building inspection, fire department, or health organization.
<input type="checkbox"/> A kitchen and/or bathroom that doesn't have hot and cold running water	<input type="checkbox"/> Environmental issues or pollution.
<input type="checkbox"/> A toilet that doesn't work.	<input type="checkbox"/> Other: _____
<input type="checkbox"/> A furnace that can't keep our home warm (21° C).	<input type="checkbox"/> Other: _____

<p>3. Check all that apply:</p> <p><input type="checkbox"/> I am having financial hardship because of my/a household member's poor health.</p> <p><input type="checkbox"/> I have/a household member has a medical issue that would improve if I/we had a different home.</p> <p><input type="checkbox"/> I find/a household member finds it difficult to cope because of my/our current home.</p>
<p>4. Check all that apply:</p> <p><input type="checkbox"/> I have/a household member has a wheelchair or impaired mobility and my/our current home is not accessible and cannot be modified.</p> <p><input type="checkbox"/> I have/a household member has a mobility issue that requires modifications (e.g. grab bars) and my/our current home does not have these modifications and cannot be modified.</p>
<p>5. How many of the following are in your current home? Bedrooms _____ Adults _____ Children _____</p>
<p>6. Check all that apply:</p> <p><input type="checkbox"/> My family is separated or at risk of being separated because our current home isn't big enough.</p> <p><input type="checkbox"/> I need to move because of stress or conflict between current household members.</p> <p><input type="checkbox"/> I have received a notice of eviction without cause.</p> <p><input type="checkbox"/> I/we have poor access to work/services/school/childcare because of limited/no access to transportation.</p>
<p>7. I receive/a household member receives income from the Social Assistance Program, Saskatchewan Assured Income for Disabilities, Transitional Employment Assistance, or Provincial Training Assistance and my household's current total gross monthly income from other sources is less than \$1,300. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. My household receives \$ _____ (total monthly amount) for the Saskatchewan Rental Housing Supplement.</p>
<p>9. My household's total monthly shelter costs (i.e. mortgage payment, property tax, insurance, rent, and heat) are \$ _____.</p>

PART C: OTHER

The housing authority will consider your answers in Part C along with other information to identify an appropriate housing unit for your household.

<p>1. Do you require parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. If you own pets, indicate number and type:</p>
<p>3. If you expect your household to increase (e.g. a new baby), when (MM/DD/YYYY)? ___/___/_____</p>
<p>4. How many bedrooms does your household require?</p>
<p>5. Provide your preferred location to live in social housing:</p>

I acknowledge that I have read the declaration and consent on the reverse of this form and agree to its terms.

Signature of applicant: _____

Date (MM/DD/YYYY): ___/___/_____

Signature of co-applicant: _____

Date (MM/DD/YYYY): ___/___/_____

DECLARATION AND CONSENT

I declare that all of the facts given by me in this application are true and complete. I understand that if any fact is found to be false, my application will not be considered or, if I have been placed in a rental unit, I may be required to vacate.

I understand this application does not obligate SHC to provide me with a housing program benefit.

I give my consent to SHC and its agents to collect, use, and disclose any of the facts given by me in Part A of this application form for any of the following reasons:

- To determine if I am eligible for housing under the Social Housing Program.
- To make inquiries to my previous landlords or respond to inquiries from my future landlords regarding my tenant history.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.
- To collect rent arrears or any other amount owing by me to SHC.

I give my consent to SHC and its agents to collect, use, and disclose any of the facts given by me in Part B of this application form for any of the following reasons:

- To assess and prioritize my need for housing.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.

I give my consent to SHC and its agents to collect, use, and disclose any of the facts given by me in Part C of this application form for any of the following reasons:

- To consider my preferences for housing.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.

I understand that the facts given by me in this application form will be collected, used, kept and disposed of as required by law.