



Housing Application Form

Check the housing program you are applying for:

Programs are available only to people who are legally allowed to be in Canada and who are not foreign visitors or students.

☐ Social Housing Program

Available throughout Saskatchewan, the Social Housing Program is for low-income families, seniors (aged 55+), and persons with disabilities who are able to live independently with or without community supports. Program applicants are prioritized based on need.

☐ Life Lease Program

Available in select urban centres, Life Lease is for seniors (aged 55+) who seek suitable housing and security of tenure in exchange for a deposit and monthly fee. The program has income and asset limits to ensure that seniors in greatest need have access to housing.

□ Seniors Housing Program

The Seniors Housing Program provides rental housing to seniors (aged 55+) living in select rural communities who are ineligible for the Social Housing Program because of their incomes and assets.

☐ Affordable Housing Program

The Affordable Housing Program offers rental housing to moderate-income individuals and families in select rural communities.

For more information about these programs, contact your local housing authority.





Part A

Applicant — Personal Information

1. Applicant:	Last name	First name	Naidella manada)
	Last name	First name	Middle name(s)
2. Home address:	Unit number and address		PO Box
	City/Town	Province	Postal code
3. Marital status:	☐ Single ☐ Married ☐ Di	vorced Common law	☐ Widowed ☐ Other
4. SIN:		5. Email:	
6. Phone numbers:	Home:	Work:	Cell:
7. Gender:	☐ Male ☐ Female	8. Date of birth:	MM / DD / YYYY
9. Alternate contact:	Name:	Contact number:	
10. Co-applicant:	Last name	First name	Middle name(s)
11 Relationship to an	plicant:		
12. Home address:			
12. Home address.	Unit number and address		PO Box
	City/Town	Province	Postal code
13. Marital status:	☐ Single ☐ Married ☐ D	ivorced Common law	☐ Widowed ☐ Othe
14. SIN:		15. Email:	
16. Phone numbers:	Home:	Work:	Cell:
17. Gender:	☐ Male ☐ Female	19 Date of hirth	, , , ,
	Liviale Livelliale	16. Date of birtin.	MIM / DD / YYYY

Household Information

20. Complete for each household member other than the applicant and co-applicant (include children):

	Last name	First name	Relationship to applicant	Gender (M / F)	Date of birth
					MM / DD / YYYY
			-		MM / DD / YYYY
					MM / DD / YYYY
					MM / DD / YYYY
					MM / DD / YYYY
			_		MM / DD / YYYY
21. Do the	children reside in th	e home more than ha	If of the time?	☐ Yes	□ No
22. The nu	ımber of household ı	members will increase	(e.g. a new baby) on:	MM / DD / YYYY
		old has a permanent do			
-	The Region	sakan paksi basi kilias.	Line kust		
24. If you	own pets, indicate th	e number and type: _			
-	Saskatchewan housir ity for current rules a	ng authorities have a s and regulations.	trict no-pets polic	cy. Check wit	h your local housing

Part B

Eligibility — Household Income

- 25. Complete A, B and C below for **each household member 18 or older**. Do not include dependents 25 or younger who are full-time students.

 - B. Attach the following income information (where applicable):
 - Most recent T1 General Income Tax and Benefit Return up to and including line 150
 - T451 Notice of Assessment from Canada Revenue Agency
 - Current "Option C" printout from Canada Revenue Agency showing all income sources (available by calling 1-800-959-8281)
 - Pay stubs from the most recent three months of work
 - C. Attach proof of non-taxable income and income earned outside Canada for the past year, including:
 - Income earned on reserve
- War Veterans Allowance

Band funding

- Child support payments
- Student grants and bursaries

Eligibility — **Household Assets**

26. Enter the **total values** of assets (held in Canada or a foreign country) for all household members in this table. "Value" refers to the amount you could get for an item if you sold it less any amount owing on it.

Asset Type	Examples	Total Values
A. Cash	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 Do not include locked-in investments that	Commodities, stocks, bonds, mutual funds, guaranteed investment certificates (GICs), money market funds, etc.	medroō.
are inaccessible (e.g. a trust fund where the age requirement has not yet been	Shares, stock options, and warrants in a business.	
met).	Mineral rights and oil and gas leases.	
C. Real estate	Primary residence.	,
	Other land and buildings (including farm land), vacation home, and rental property.	
D. Retirement savings plans	Registered Retirement Savings Plans (RRSPs).	the state of
Do not include funds converted to income (e.g. Registered Retirement Income Fund).	Company and private pension plans.	
E. Vehicles	Primary vehicle (enter the value less \$35,000. If the result is negative, enter 0). A primary vehicle is the one the household uses most for transportation.	
	Secondary vehicles, including business vehicles.	
	Recreational vehicles, including boat, trailer, ATV, etc.	
F. Valuable personal effects	Jewelry, antiques, collections, etc. Only declare a collective amount over \$10,000.	
For G and H, only declare items not beir	ng used to generate income.	
G. Business/farm assets Include real estate in Section C above.	Business cash, stock, inventory, raw materials, tools, equipment, machinery, livestock, furniture, etc.	
H. Tools of the trade	Tools, machinery, computers, electronics, musical instruments, etc.	1 A
	TOTAL	

Part C

Applicant — Rental History

27. Have you previously	rented from a housing authority in Saskatch	hewan?	☐ Yes	□ No
If yes:	Address:	City:		
	Do you owe money to a housing authority	or SHC?	☐ Yes	□ No
28. Are you a first-time	renter or current homeowner?	☐ Yes	□ No	If yes, go to Part D
29. Current landlord:	Agency/Name:	Contact:		
	Phone number:	Fax num	ber:	
	Address:	City:		
	Email:	Tenancy	start: M	M/DD/SYYYY
30. Previous landlord:	Agency/Name:	Contact:		
	Phone number:	Fax num	ber:	complete in the second
	Address:	City:	Series .	
	Tenancy start: MM / DD / YYYY	Tenancy end: MM / DD / YYYY		
	y rented from a housing authority in Saskato		☐ Yes	
If yes:	Address:			
170	Do you owe money to a housing authority			
32. Are you a first-time renter or current homeowner?		☐ Yes	□ No	If yes, go to Part D
•	me rental references as the applicant?			If yes, go to Part D
34. Current landlord:	Agency/Name:			
	Phone number:	Fax number:		
	Address:	City:		
	Email:	Tenancy	, start: <u>N</u>	M / DD / YYYY
35. Previous landlord:	Agency/Name:	Contact:		
	Phone number:	Fax number:		
	Address:	City: _		
	Tenancy start: MM / DD / YAVY	Tenancy	⁄end∙ ™	VI / 1000 / YYYY

Part D

Assessment for Priority

36. I am/we are currently (check only the one that ap	plies):	
☐ Homeless or at 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 t☐ Living in a home t☐ Other:	hat I/we own
37. My/our current home has (check all that apply):		
 ☐ Outside doors that don't close and/or lock ☐ A roof and/or windows that leak when it rains ☐ Bedroom windows that don't open ☐ Exposed electrical wires ☐ A kitchen and/or bathroom that doesn't have hot or cold running water ☐ A toilet that doesn't work ☐ A furnace that can't keep the home warm (21°C) ☐ Persistent problems with insects or rodents 	inspection, fire de	ndows, stairs, etc. If by a municipal building epartment, or health sues or pollution
38. Check all that apply:		
 □ I am experiencing financial hardship because of n □ I have or a household member has a medical issu □ I find or a household member finds it difficult to a □ I have or a household member has a wheelchair and cannot be modified □ I have or a household member has a mobility issu current home does not have these modifications 	e that would improve in cope because of the cur or impaired mobility and ue that requires modific	n a different home rent home d the current home is not accessible ations (e.g. grab bars) and the
39. How many of the following are in your current ho	me?	
Adults: Children:	Bedrooms:	are in secular strength at 1 at
40. Check all that apply: ☐ My family is separated or at risk of being separated. ☐ I need to move because of stress or conflict betw. ☐ I have received a notice of eviction without cause. ☐ I/we have poor access to work, services, school,	veen current household	members
41. The household receives \$ (month	ly) for the Saskatchew	an Rental Housing Supplement.
42. The household's current monthly shelter costs:		
Mortgage payment or rent: \$	Property tax:	\$
Homeowner/tenant insurance: \$	Heating:	\$

Other Information 43. How many bedrooms do you require? _____ 44. Do you require parking? ☐ Yes ☐ No 45. If you prefer a particular neighbourhood, please indicate: **Additional Comments** If there are no additional comments, go to Declaration and Consent Use this space to provide any additional information that is relevant to your application. Please write legibly.

Go to Declaration and Consent →

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 Saskatchewan Housing Corporation (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 and Part B of this application for any of the following reasons:

- To determine if I am eligible for housing under the Social Housing Program.
- For SHC and Canada Mortgage and Housing Corporation (CMHC) 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 for any of the following reasons:

- To make inquiries to my previous landlords or respond to inquiries from my future landlords regarding my tenant history.
- To collect rent arrears or any other amount I owe to SHC.
- For SHC and CMHC 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 D of this application for any of the following reasons:

- To assess and prioritize my need for housing.
 To consider my preferences for housing.
- For SHC and CMHC audit and evaluation purposes to assess the effectiveness of the Social Housing Program.

The information you provide in this application is used to determine your eligibility for housing programs offered by SHC. The information is protected by *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.

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

	MM / DD / YYYY
Signature of applicant	
	MM / DD / YYYY
Signature of co-applicant	

For office use only

Application received on: MM / DD / YYYY