



# Housing Application Form

D.L. Housing Authority  
Box 728  
Duck Lake, SK  
S0K 1J0

Check the housing program you are applying for:

Mail to:

*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 60+) 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.



Questions or Concerns?  
Contact: Linda Raby, Manager  
Phone: 306-497-2824  
Email: lraby@sasktel.net

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

**For office use only**

Program:  Social  Life Lease  Seniors  Affordable

# Part A

## Applicant — Personal Information

1. Applicant: \_\_\_\_\_  
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  Divorced  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. Have you previously rented from a housing authority in Saskatchewan?  Yes  No

If yes: Address: \_\_\_\_\_ City: \_\_\_\_\_

## Co-applicant — Personal Information

*If there is no co-applicant, go to Part A — Household Information*

11. Co-applicant: \_\_\_\_\_  
Last name First name Middle name(s)

12. Relationship to applicant: \_\_\_\_\_

13. Home address: \_\_\_\_\_  
Unit number and address PO Box  
\_\_\_\_\_  
City/Town Province Postal code

14. Marital status:  Single  Married  Divorced  Common law  Widowed  Other

15. SIN: \_\_\_\_\_ 16. Email: \_\_\_\_\_

17. Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

18. Gender:  Male  Female 19. Date of birth: MM / DD / YYYY

20. Alternate contact: Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

21. Have you previously rented from a housing authority in Saskatchewan?  Yes  No

If yes: Address: \_\_\_\_\_ City: \_\_\_\_\_

## Household Information

22. 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

23. Do the children reside in the home more than half of the time?  Yes  No

24. The number of household members will increase (e.g. a new baby) on: MM / DD / YYYY

25. If a member of the household has a permanent disability that has a housing-related impact, please describe this individual's housing needs: \_\_\_\_\_

26. If you own pets, indicate the number and type: \_\_\_\_\_

*Many Saskatchewan housing authorities have a strict no-pets policy. Check with your local housing authority for current rules and regulations.*

## Part B

### Eligibility — Household Income

27. 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.

A. Enter the amount claimed on Line 150 of the most recent income tax return filed by:  
 Applicant: \$\_\_\_\_\_ Co-applicant: \$\_\_\_\_\_ All others: \$\_\_\_\_\_

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
- First Nations funding
- Student grants and bursaries
- War Veterans Allowance
- Child support payments

## Eligibility — Household Assets

28. Enter the total values of assets (held in Canada or a foreign country) for **each household member 18 or older**. Do not include dependents 25 or younger who are full-time students. "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
<b>A. Cash</b>	Cash on hand.	
	Balance in all bank accounts (e.g. savings, chequing, and tax-free savings accounts).	
	Cash in a safety deposit box.	
<b>B. Investments</b> <i>Do not include locked-in investments that are inaccessible (e.g. a trust fund where the age requirement has not yet been met).</i>	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.	
<b>C. Real estate</b>	Primary residence.	
	Other land and buildings (including farm land), vacation home, and rental property.	
<b>D. Retirement savings plans</b> <i>Do not include funds converted to income (e.g. Registered Retirement Income Fund).</i>	Registered Retirement Savings Plans (RRSPs).	
	Company and private pension plans.	
<b>E. Vehicles</b>	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.	
<b>F. Valuable personal effects</b>	Jewelry, antiques, collections, etc. Only declare a collective amount over \$10,000.	
<b>For G and H, only declare items <i>not</i> being used to generate income.</b>		
<b>G. Business/farm assets</b> <i>Include real estate in Section C above.</i>	Business cash, stock, inventory, raw materials, tools, equipment, machinery, livestock, furniture, etc.	
<b>H. Tools of the trade</b>	Tools, machinery, computers, electronics, musical instruments, etc.	
<b>TOTAL</b>		

# Part C

## Applicant — Rental History

29. Do you owe money to a housing authority or SHC?  Yes  No
30. Are you a first-time renter or current homeowner?  Yes  No *If yes, go to Part D*
31. Current landlord: Agency/Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Email: \_\_\_\_\_ Tenancy start: MM / DD / YYYY
32. Previous landlord: Agency/Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Tenancy start: MM / DD / YYYY Tenancy end: MM / DD / YYYY

## Co-applicant — Rental History

*If there is no co-applicant, go to Part D — Assessment for Priority*

33. Do you owe money to a housing authority or SHC?  Yes  No
34. Are you a first-time renter or current homeowner?  Yes  No *If yes, go to Part D*
35. Do you have the same rental references as the applicant?  Yes  No *If yes, go to Part D*
36. Current landlord: Agency/Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Email: \_\_\_\_\_ Tenancy start: MM / DD / YYYY
37. Previous landlord: Agency/Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Tenancy start: MM / DD / YYYY Tenancy end: MM / DD / YYYY

# Part D

## Assessment for Priority

38. I am/we are currently (check only the **one** that applies):

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 that I/we rent

Living in a home that I/we own

Other: \_\_\_\_\_

39. 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

A foundation that is caving in

Unsafe doors, windows, stairs, etc.

Hazards identified by a municipal building inspection, fire department, or health organization

Environmental issues or pollution

Other: \_\_\_\_\_

Other: \_\_\_\_\_

40. Check **all** that apply:

I am experiencing financial hardship because of my or a household member's poor health

I have or a household member has a medical issue that would improve in a different home

I find or a household member finds it difficult to cope because of the current home

I have or a household member has a wheelchair or impaired mobility and the current home is not accessible and cannot be modified

I have or a household member has a mobility issue that requires modifications (e.g. grab bars) and the current home does not have these modifications and cannot be modified

41. How many of the following are in your current home?

Adults: \_\_\_\_\_

Children: \_\_\_\_\_

Bedrooms: \_\_\_\_\_

42. Check **all** that apply:

My family is separated or at risk of being separated because the current home isn't big enough

I need to move because of stress or conflict between current household members

I have received a notice of eviction without cause

I/we have poor access to work, services, school, or childcare because of limited or no access to transportation

43. The household receives \$ \_\_\_\_\_ (monthly) for the Saskatchewan Rental Housing Supplement.

44. The household's current monthly shelter costs:

Mortgage payment or rent: \$ \_\_\_\_\_ Property tax: \$ \_\_\_\_\_

Homeowner/tenant insurance: \$ \_\_\_\_\_ Heating: \$ \_\_\_\_\_



# 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 and to collect and use information from third parties for any of the following reasons:

- To verify the accuracy of information provided to third parties.
- To determine if I am eligible for housing under the program for which I am applying.
- To verify my continued eligibility for the housing program in which I am participating.
- For SHC and Canada Mortgage and Housing Corporation (CMHC) audit and evaluation purposes to assess the effectiveness of the 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 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.

\_\_\_\_\_  
Signature of applicant MM / DD / YYYY

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

## ***For office use only***

***Application received on:*** MM / DD / YYYY