





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 60+), 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 60+) 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.

DUNDURN HOUSING AUTHORITY Box 99, Dundurn, SK S0K 1K0 Jayne Kangas, Manager P: 306-713-4545 E: dundurnhousing2016@gmail.com

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





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 ☐ 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:	-		
Co-applican If there is no co-	nt — Personal Inform applicant, go to Part A — I	Household Informatio	in		
Co-applican If there is no co-	applicant, go to Part A — I	Household Informatio	n		
Co-applican	applicant, go to Part A — I		Middle name(s)		
Co-applican If there is no co-	applicant, go to Part A — I	Household Informatio			
Co-applican If there is no co-	applicant, go to Part A — I	Household Informatio	-		
Co-applican If there is no co- 10. Co-applicant: 11. Relationship to ap	Last name	Household Informatio	Middle name(s)		
Co-applicant If there is no co- 10. Co-applicant: 11. Relationship to ap 12. Home address:	Last name plicant: Unit number and address	First name Province	PO Box Postal code		
Co-applicant If there is no co- 10. Co-applicant: 11. Relationship to ap 12. Home address:	Last name plicant: Unit number and address City/Town	First name Province vorced Common law	PO Box Postal code		
Co-applicant If there is no co- 10. Co-applicant: 11. Relationship to ap 12. Home address: 13. Marital status: 14. SIN:	Last name plicant: Unit number and address City/Town Single Married Div	First name Province vorced	PO Box Postal code Widowed □ Other		
Co-applicant If there is no co- 10. Co-applicant: 11. Relationship to ap 12. Home address: 13. Marital status: 14. SIN: 16. Phone numbers:	Last name plicant: Unit number and address City/Town Single Married Div	First name Province vorced	Middle name(s) PO Box Postal code Widowed □ Other Cell:		

Household Information

	Last name	First name	Relationship to applicant	Gender (M / F)	Date of birth
		a			<u>mm / od / yyyy</u>
		7	= 1 =	Si-	MM / DD / YYYY
-					MM / DD / YYYY
÷		19	· ·		MM / DD / YYYY
. .		19		-	MM / DD / YYYY MM / DD / YYYY
. Do th	e children reside in t	he home more than ha	If of the time?	☐ Yes	□ No
. The n	umber of household	members will increase	(e.g. a new baby)	on:	MM / DD / YYYY
descr	ember of the house ibe this individual's l own pets, indicate th	nold has a permanent d nousing needs: ne number and type: ing authorities have a st	isability that has a	housing-re	lated impact, please
descr . If you Many author	ember of the house ibe this individual's l own pets, indicate the Saskatchewan house rity for current rules	nold has a permanent d nousing needs: ne number and type: ing authorities have a st	isability that has a	housing-re	lated impact, please
. If you Many author	ember of the house ibe this individual's lown pets, indicate the saskatchewan house rity for current rules	nold has a permanent d nousing needs: ne number and type: ing authorities have a st	rict no-pets policy	housing-re	lated impact, please
. If you Many author Pal Elig . Comp	ember of the house ibe this individual's lown pets, indicate the Saskatchewan house rity for current rules art Balantin House ibility — Ibility	nold has a permanent denousing needs: ne number and type: ing authorities have a stand regulations. ISEHOID Income	rict no-pets policy	housing-re	lated impact, please
. If you Many author Pal Elig	ember of the house ibe this individual's leads to the compets, indicate the saskatchewan house rity for current rules ibility — House lete A, B and C belonger who are full-time. Enter the amount	nold has a permanent denousing needs: ne number and type: ing authorities have a stand regulations. ISEHOLD Income w for each household in students. claimed on Line 150 of	rict no-pets policy.	housing-re Check with	lated impact, please your local housing clude dependents 25
If you Many author Pal Elig Comp	ember of the house ibe this individual's leads to the compets, indicate the saskatchewan house rity for current rules ibility — House lete A, B and C belonger who are full-time. Enter the amount	nold has a permanent denousing needs: ne number and type: ing authorities have a stand regulations. ISEHOLD Income w for each household needstudents.	rict no-pets policy.	housing-re Check with	lated impact, please your local housing clude dependents 25

- 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



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 are inaccessible (e.g. a trust fund where	Commodities, stocks, bonds, mutual funds, guaranteed investment certificates (GICs), money market funds, etc.	
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).	
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 being	g 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.	
	TOTAL	

Part C

Applicant — Rental History

27. nave you previous	ny rented from a nousing authority in Saskati	chewan: Li Yes Li No
If yes:	Address:	City:
	Do you owe money to a housing authority	or SHC?
28. Are you a first-time	e renter or current homeowner?	\square Yes \square No If yes, go to Part D
29. Current landlord:	Agency/Name:	Contact:
	Phone number:	Fax number:
	Address:	City:
	Email:	Tenancy start: MM / DD / YYYY
30. Previous landlord:	Agency/Name:	Contact:
	Phone number:	Fax number:
	Address:	City:
	Tenancy start: MM / DD / YYYY	Tenancy end: MM / DD / YYYY
If yes:	ly rented from a housing authority in Saskato Address:	
	Do you owe money to a housing authority	or SHC? ☐ Yes ☐ No
32. Are you a first-time	renter or current homeowner?	☐ Yes ☐ No If yes, go to Part D
33. Do you have the sa	me rental references as the applicant?	☐ Yes ☐ No <i>If yes, go to Part D</i>
34. Current landlord:	Agency/Name:	Contact:
	Phone number:	Fax number:
	Address:	City:
	Email:	Tenancy start: MM / DD / YYYY
35. 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

36. I am/we are currently (check only the one that app	illes):
☐ 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:
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 	 □ 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:
38. Check all that apply: ☐ I am experiencing financial hardship because of my ☐ I have or a household member has a medical issue ☐ I find or a household member finds it difficult to co ☐ I have or a household member has a wheelchair or and cannot be modified ☐ I have or a household member has a mobility issue current home does not have these modifications ar	that would improve in a different home pe because of the current home impaired mobility and the current home is not accessible that requires modifications (e.g. grab bars) and the
39. How many of the following are in your current home Adults: Children:	e? Bedrooms:
40. Check all that apply: ☐ My family is separated or at risk of being separated ☐ I need to move because of stress or conflict betwee ☐ I have received a notice of eviction without cause ☐ I/we have poor access to work, services, school, or	
41. The household receives \$ (monthly)	for the Saskatchewan Rental Housing Supplement.
42. The household's current monthly shelter costs:	
Mortgage payment or rent: \$ Homeowner/tenant insurance: \$	Property tax: \$ Heating: \$

	Other Information							
43.	How many bedrooms do you require?							
44.	Do you require parking? Yes		No					
45.	If you prefer a particular neighbourhoo	od, p	olease ind	icate:			_	

Additional Comments

If there are no additional comments, go to Declaration and Consent

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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