



The Prince Albert Housing Authority

230 8TH ST. EAST

PRINCE ALBERT, SASKATCHEWAN

S6V 7A2

TEL. 953-7420 FAX. 764-0970

# SENIOR CITIZEN HOUSING APPLICATION

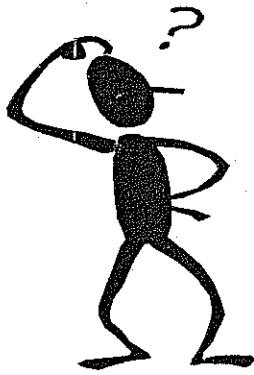
Senior Housing is offered to persons 55 years of age or over, and persons with physical disabilities who are able to live independently. Preference is given to persons with lower incomes and persons who are living at risk. Tenants living in Senior Housing pay a monthly rent based on a **percentage of their gross household income as defined in the Graduated Rent Scale.** Incomes are reviewed on an annual basis to ensure the rental rent is fair. Tenants may request downward adjustments in rent charged prior to the annual review if their income is reduced during the course of the year. These requests are reviewed on an individual basis by the Housing Authority.



Saskatchewan  
Housing  
Corporation

A Division of Saskatchewan  
Municipal Government

CMHC  SCHL  
Canada



## BEFORE YOU SUBMIT YOUR APPLICATION...

### Use the ✓ Check List

- Verification of All sources of *CURRENT INCOME* for each household member.

Employed:

Please have the enclosed *Income Verification Form* completed by your employer for your GROSS Income for the last 12 months.

Pension (s): Old Age Security & Supplement, Canada Pension Plan, Private Pension, Disability, War Veterans (DVA) and Annuity Income.

- If you received your pension(s) by direct deposit, have you had the enclosed Customer Service Personnel form completed by your Bank
- If you receive your cheques directly, please ensure they are photocopied before cashing

Other:

Social Assistance, Transitional Employment Allowance, Employment Insurance, Child Maintenance, Spousal Allowance, Worker's Compensation, Pensions and Investment Income.

- Present Landlord with phone number.
- Most recent copy of Income Tax with T4's & T5's *for each household member.*  
*Are you unable to supply your copy?*  
Call Revenue Canada toll free at 1-800-959-8281 to have a free copy mailed to you.
- Does the application have signature(s) and a date?

***Your application can not be finalized unless all of the above information has been provided.***



# Prince Albert Housing Authority

CARMENT COURT 230 - 8th STREET EAST PRINCE ALBERT SASKATCHEWAN S6V 7A2 Ph. 953-7420 FAX 764-0970

## TO: CUSTOMER SERVICE PERSONNEL

RE: Name: \_\_\_\_\_

Address: \_\_\_\_\_

In order to complete the annual rent recalculation, the Prince Albert Housing Authority requires the most current monthly amounts deposited directly into my bank account.

### Please record the amounts deposited for:

Old Age Security & Supplement \_\_\_\_\_

Canada Pension Plan \_\_\_\_\_

Other Pensions Directly Deposited \_\_\_\_\_

Other (please indicate source) \_\_\_\_\_

\_\_\_\_\_  
Verified/Bank Representative

\_\_\_\_\_  
Date Completed

I, \_\_\_\_\_, authorize the bank to release this information to the P.A. Housing Authority.

\_\_\_\_\_  
**Tenant Signature**  
(if signed by Power of Attorney, please indicate)

## APPLICATION #

Division # \_\_\_\_\_ ; Unit # \_\_\_\_\_

### 1. APPLICANT

PLEASE PRINT

NAME: \_\_\_\_\_

(Surname)

(First)

(Initial)

Are you a Canadian Citizen?  Yes  No

Do you require a wheelchair-accessible unit?  Yes  No

Are you of aboriginal ancestry?  Yes  No

Preferred Location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone:(H) \_\_\_\_\_ (B) \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of bedrooms in current accomodation: \_\_\_\_\_ Locality Code:

d m y

Have you been provided with a notice to vacate?  Yes  No, if yes please indicate date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

d m y

Do you require parking?  Yes  No

How many bedrooms do you require? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What is your state of health?  Good  Fair  Poor

S.I.N. \_\_\_\_\_

### 2. FINANCIAL INFORMATION

MONTHLY INCOME: Applicant Co-Habitant

Gross Employment Income

Social Assistance

UIC

**PENSIONS:**

Old Age Pension/Supplement \_\_\_\_\_

Canada Pension Plan (CPP) \_\_\_\_\_

Private \_\_\_\_\_

Disability \_\_\_\_\_

War Veterans \_\_\_\_\_

Annuity Income \_\_\_\_\_

Total Pensions

Interest Income

**OTHER INCOME:**

Self-Employed \_\_\_\_\_

Rental \_\_\_\_\_

Worker's Compensation \_\_\_\_\_

Other \_\_\_\_\_

Total Other Income

**TOTAL MONTHLY INCOME**

### 3. PRESENT LIVING ACCOMODATIONS

Rent  Own  Other, please explain

Furnished  Yes  No

**SHELTER COSTS**

Rent/Mortgage payment per month \$ \_\_\_\_\_

Gas \_\_\_\_\_

Water/Sewer \_\_\_\_\_

Insurance \_\_\_\_\_

**TOTAL SHELTER**

Please explain your reasons for wanting to leave your present accomodations and write any information you feel will help assess your application.

Name of PRESENT Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Tenancy Started: \_\_\_\_\_

#### 4. ASSETS

Include all assets owned by household members

ASSETS	\$ AMOUNTS
Real Estate (house)	_____
Farm or commercial property	_____
Cash and Bank Deposits	_____
Bonds and Securities	_____
Vehicles	
Year/Make _____	_____
Year/Make _____	_____
Recreational Vehicles	_____
Other	_____
<b>TOTAL ASSETS</b>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

#### 5. ADDITIONAL INFORMATION

Does your current accommodation have a kitchen?

Yes  No

Does your current accommodation have a bathroom?

Yes  No

Does your current accommodation require major repair?

Yes  No

Do you share your current accommodation?

Yes  No

Have you and/or your co-habitant ever rented from a Housing Authority?

Yes  No If yes, which one? \_\_\_\_\_

Do you own a pet?

Yes  No If yes, what kind? \_\_\_\_\_

#### 6. CO-HABITANT

NAME: \_\_\_\_\_  
(Surname) (First) (Initial)

Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Telephone: (B) \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your occupation? \_\_\_\_\_

S.I.N. \_\_\_\_\_

#### 7. NEXT OF KIN (to be notified in case of illness): other than included above

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

#### 8. EMPLOYERS

APPLICANT

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

CO-APPLICANT

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

I hereby acknowledge that I have read, understand, and agree to the covenants described in the declaration on the reverse of this application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Co-Habitant \_\_\_\_\_

## INCOME VERIFICATION

Verification of **ALL** income **MUST** accompany the application, including:

- a) Photocopies of **ALL** your most recent pension cheques or stubs.
- b) A photocopy of your most recent income tax return.
- c) If employed, provide a signed letter from your employer stating the **GROSS** rate of pay, hours per week, and the total earnings in the past 12-month period.

**The Housing Authority reserves the right to request documentation as it deems necessary as proof of income.**

## DECLARATION

I understand this application does not constitute an agreement on the part of the Housing Authority or its representatives to provide me with accomodation.

I hereby authorize the Housing Authority to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel further consideration of my application.

I acknowledge that the Housing Authority has a policy regarding pets and that I fully understand this policy.

I further acknowledge the right of the Housing Authority or its agent at anytime prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given.

I acknowledge and hereby authorize the Housing Authority to investigate and/or make any inquiries regarding references from past or present landlords, utility companies, and employers.

I acknowledge that this application becomes the property of the Housing Authority upon delivery by me to it or its agent.

I agree and consent that credit inquiries may be made and credit reports obtained and/or prepared at anytime in connection with the housing hereby applied for.

I hereby declare the information provided on this application is true, correct, and complete.

**Please ensure all questions on the application have been answered fully.**