

## **HOUSING APPLICATION PROCESS**

### **Your application must be completed in full and accompanied by:**

- a) A written Landlord reference from your current Landlord
- b) If less than one year, also a written reference from your previous Landlord.
- c) If you have never rented before, two written character references for each applicant must be attached. Note references cannot be written by a relative.
- d) Any applicant who has less than one (1) year rental history must have a certificate from “A Place to Call Home” seminar. This seminar can be taken at our office, please call to register for the next seminar date.
- e) Complete the “Declaration of Métis ancestry” form (Amendment to the Housing Application).
- f) A copy of your current source of income (eg: working, school funding, EI, assistance etc.)
- g) Two (2) pieces of identification. One must be photo I.D.

**BEFORE RETURNING YOUR APPLICATION TO THE OFFICE, PLEASE ENSURE YOU HAVE ATTACHED ALL THE ABOVE INFORMATION. IF INFORMATION IS MISSING OR APPLICATION INCOMPLETE, IT WILL NOT BE PROCESSED FOR THE SELECTION COMMITTEE.**

- 1) After completion of the Housing Application, talk to one of our two Housing Coordinators to ensure all information required is on the application.
- 2) The application is then entered into our database, prioritized by a point rating system, and taken to the tenant selection committee for approval or rejection.
- 3) Upon approval by the tenant selection committee, the application is filed and entered on a waiting list by order of number of bedrooms and priority.
- 4) **Applications will only remain current for a period of eight months. It is up to the applicant to come into the office and either update or complete another application. It is also up to the applicant to ensure they notify the Housing Coordinator of any change of their circumstances such as address, new phone numbers, new employment, etc., in this eight-month period. If we are unable to contact you, your application will go to the deadwood file.**
- 5) Upon a tenant giving notice, the applicant with the highest priority, suitable for the number of bedrooms in that unit, is contacted by phone to advise them a unit will be available and the date it will be available for. **Please do not phone us, as it will not speed up the process.**
- 6) The total Security Deposit charged is \$400.00. Once the applicant has been informed of an available unit, the applicant must come into the office within (72) seventy-two hours and pay one half the security deposit; \$200.00, to secure this unit. If the applicant does not pay this within the 72 hours (3 day) time period, we will then contact the next applicant without notice to the first applicant.
- 7) There will be utility verifications to be filled out by the utility companies. The utility verifications **must** be in the names of both the applicant and the co-applicant and returned to our office within 3 days of paying the security deposit. If the applicant or the co-applicant cannot have the utilities in their name/s, they will not qualify for the unit.
- 8) If the applicant chooses not to take the unit, the application will then be placed at the bottom of the prioritized applications. If the applicant refuses a second unit offered their file is then placed in deadwood.

# P.A. Community Housing Society Inc.

401 - 13<sup>th</sup> Street East  
 Prince Albert, SK S6V 1E2  
 Phone: (306) 922-5440 Fax: (306) 922-4434

## FAMILY HOUSING APPLICATION

*This application must be completed in its entirety. Any questions asked or information requested that does not apply to your situation must be marked N/A. Any areas left blank or any questions not answered will cause this application to be considered an incomplete application that cannot be processed for housing.*

PLEASE PRINT

### 1. APPLICANT

### CO-APPLICANT

Name: \_\_\_\_\_  
(Surname) (First)

Name: \_\_\_\_\_  
(Surname) (First)

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
D M Y

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
D M Y

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

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

Do you require a wheelchair-accessible unit?  Yes  No

Do you require a wheelchair-accessible unit?  Yes  No

Are you of Metis ancestry?  Yes  No

Are you of Metis ancestry?  Yes  No

Present Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Number of bedrooms in current accommodation: \_\_\_\_\_

Have you been provided with a notice to vacate?  Yes  No If Yes, please indicate date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
D M Y

### 2. FINANCIAL INFORMATION

### 3. PRESENT LIVING ACCOMMODATIONS

	Applicant	Co-Applicant	Other
Gross Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Funding	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Worker's Compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Support / Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rent  Own  Room/Board  Other, please

explain:

\_\_\_\_\_  
 \_\_\_\_\_

#### SHELTER COSTS (per month)

Rent / Mortgage payment \$ \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Power \_\_\_\_\_  
 Water / Sewer \_\_\_\_\_  
 Insurance (yearly ÷ 12) \_\_\_\_\_

**TOTAL SHELTER COSTS**

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

Child Tax Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Gov't Pensions	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Employment Supplement	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name of Present Landlord: _____
Other Sources:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Address: _____
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	City / Province: _____
<b>TOTAL MONTHLY INCOME</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone: _____
				Date Tenancy Started: _____
				Name of PREVIOUS Landlord: _____
				Address: _____
				City / Province: _____
				Telephone: _____
				Date Tenancy Started: _____
				Date Vacated: _____

#### 4. **BANKING**

Name of Bank, Credit Union or Trust Company \_\_\_\_\_

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

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

Date Vacated: \_\_\_\_\_

#### 5. **ASSETS**

Include all assets owned by household members.

<b>ASSETS</b>	<b>\$ AMOUNTS</b>
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>	<input type="text"/>

#### 6. **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-applicant ever rented from Non-Profit Housing providers?  
 Yes     No    If yes, which one? \_\_\_\_\_

Do you own a pet?  
 Yes     No    If yes, what kind? \_\_\_\_\_

**7. OTHER MEMBERS OF HOUSEHOLD**

NAME Surname First	Relationship to Applicant	Marital Status	Sex	Birth date D/M/Y	Occupation

**8. IMMEDIATE NEXT OF KIN (in case of illness)**

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

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

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

**9. EMPLOYERS**

**APPLICANT**

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

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

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

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

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

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

Previous Employer: \_\_\_\_\_

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

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

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

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

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

**CO-APPLICANT**

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

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

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

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

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

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

Previous Employer: \_\_\_\_\_

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

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

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

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

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

I/We declare all of the information contained in this application for housing to be true and correct knowing that any false information or declaration will result in my/our application being denied. I/We further acknowledge that with the acceptance of this application by P.A. Community Housing Society Inc. there is no guarantee implied or promised on the part of P.A. Community Housing Society Inc. to provide me/us with housing accommodations, and that this application shall indicate my/our desire only to be accepted into the Housing Program". I/We understand and acknowledge that consideration and approval of this application shall be based solely on my/our priority of need as determined by P.A. Community Housing Society Inc. and that the approval of this application and my/our subsequent placement into a housing unit shall remain solely at the discretion of P.A. Community Housing Society Inc.

Dated at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_  
(City/Town) (Day) (Month) (Year)

Signature of Applicant \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_

**AMENDMENT TO THE HOUSING APPLICATION**

P.A. Community Housing Society Inc. now has an exemption from Saskatchewan Human Rights Commission to give priority to persons of Métis ancestry when placing applicants.

I, \_\_\_\_\_ and I, \_\_\_\_\_  
**Applicant** **Co-Applicant**

**Hereby declare the following:**

**Applicant**      **Métis** \_\_\_\_\_      **Treaty** \_\_\_\_\_      **Other** \_\_\_\_\_

**Co-Applicant**      **Métis** \_\_\_\_\_      **Treaty** \_\_\_\_\_      **Other** \_\_\_\_\_

**Name of Dependants and other members of the household:**

\_\_\_\_\_      **Métis** \_\_\_\_\_      **Treaty** \_\_\_\_\_      **Other** \_\_\_\_\_  
**Name**

\_\_\_\_\_      **Métis** \_\_\_\_\_      **Treaty** \_\_\_\_\_      **Other** \_\_\_\_\_  
**Name**

\_\_\_\_\_      **Métis** \_\_\_\_\_      **Treaty** \_\_\_\_\_      **Other** \_\_\_\_\_  
**Name**

\_\_\_\_\_      **Métis** \_\_\_\_\_      **Treaty** \_\_\_\_\_      **Other** \_\_\_\_\_  
**Name**

\_\_\_\_\_      **Métis** \_\_\_\_\_      **Treaty** \_\_\_\_\_      **Other** \_\_\_\_\_  
**Name**

**I/We declare the information above is accurate and truthful information.**

**Dated at Prince Albert this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**Signature of Applicant:** \_\_\_\_\_

**Signature of Co-Applicant:** \_\_\_\_\_

P.A. Community Housing Society Inc.

401 - 13<sup>th</sup> Street East  
Prince Albert, Sask. S6V 1E2

**LANDLORD REFERENCE FORM**

Phone # 306-922-5440  
Fax # 306-922-4434

Name of Tenant(s) #1 \_\_\_\_\_ #2 \_\_\_\_\_

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

Length of Tenancy: From D \_\_\_ M \_\_\_ Y \_\_\_ To D \_\_\_ M \_\_\_ Y \_\_\_ Number of Occupants \_\_\_ Adults \_\_\_ Children \_\_\_

<b>RENT HISTORY</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<b>HOUSEKEEPING SKILLS</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<b>YARD CARE</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
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COMPLAINTS:  Yes  No How Many? \_\_\_\_\_ If Yes, what type? \_\_\_\_\_

NOTICE TO VACATE:  Proper Notice Give  Short Notice Given  Eviction  Other \_\_\_\_\_

LEASE VIOLATION NOTICES:  Yes  No How Many? \_\_\_\_\_ If Yes, what type? \_\_\_\_\_

DAMAGE DEPOSIT:  Returned  Not Returned

OUTSTANDING BALANCE UPON VACATING: \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ Damages \$ \_\_\_\_\_ Cleaning

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certify that the above is true and correct.

\_\_\_\_\_

Signature of Landlord                      Printed Name of Landlord                      Phone Number                      Date

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

Length of Tenancy: From D \_\_\_ M \_\_\_ Y \_\_\_ To D \_\_\_ M \_\_\_ Y \_\_\_ Number of Occupants \_\_\_ Adults \_\_\_ Children \_\_\_

<b>RENT HISTORY</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<b>HOUSEKEEPING SKILLS</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<b>YARD CARE</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
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COMPLAINTS:  Yes  No How Many? \_\_\_\_\_ If Yes, what type? \_\_\_\_\_

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COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certify that the above is true and correct.

\_\_\_\_\_

Signature of Landlord                      Printed Name of Landlord                      Phone Number                      Date