

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 - 13th 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)
 Birth date: ____ / ____ / ____
D M Y
 What is your occupation? _____

Name: _____
(Surname) (First)
 Birth date: ____ / ____ / ____
D M Y
 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
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	Applicant	Co-Applicant	Other
Gross Earned Income			
Social Assistance			
Student Funding			
Employment Insurance			
Worker's Compensation			
Child Support / Maintenance			
Child Tax Benefit			

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:

Gov't Pensions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Supplement	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Sources: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL MONTHLY INCOME	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Present Landlord: _____

Address: _____

City / Province: _____

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: _____

5. 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 _____	_____
TOTAL ASSETS	<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: _____



401 - 13th Street East Prince Albert, Saskatchewan S6V 1E2
 Phone: (306) 922-5440 Fax: (306) 922-4434
 Website – www.pachsi.ca Email – pach02@sasktel.net
Providing Affordable Housing for the Métis Community Since 1977

LANDLORD REFERENCE FORM

Name of Tenant(s) #1 _____ #2 _____

Address _____ City _____ Postal Code _____

Length of Tenancy: From _____ / _____ / _____ To _____ / _____ / _____
M D Y M D Y

Number of Occupants: _____ Adults _____ Children _____

RENT HISTORY <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	HOUSEKEEPING SKILLS <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	YARD CARE <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 Given 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 _____ / _____ / _____ To _____ / _____ / _____
M D Y M D Y

Number of Occupants: _____ Adults _____ Children _____

RENT HISTORY	HOUSEKEEPING SKILLS	YARD CARE
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor

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