

# Housing Application

## About Housing

Meadow Lake Native Urban Housing Corp. (MLNUHC) offers subsidized housing, affordable housing as well as marketable housing. All of our housing programs are for multi-cultural Elders, Families and Individuals, Couples with low to moderate incomes. We also can accommodate individuals living with disabilities. Rent is based on a tenant's household income, or is fixed at an affordable to marketable rate.

Our housing portfolio consists of 172 units within the City of Meadow Lake. Our housing program(s) are managed in house with the overseeing of a Board of Directors.

Housing is available to people who are:

- Able to live independently with or without community supports; and
- Legally allowed to reside in Canada (Canadian citizen, permanent resident, refugee claimant, temporary resident with current work or study permit).

## Applying for Housing

This package includes a checklist of additional documents that are required to support your application.

***We do not accept applications unless they are complete and have all required copies attached.***

After reviewing your application, one of our Tenant Relations Workers will call you for an interview to fully assess your need for housing and to better understand your housing requirement.

The information you provide in this application is protected by *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.

If you have any questions or would like more information, contact our office directly at (306) 236-3737 or [mlnuhc@sasktel.net](mailto:mlnuhc@sasktel.net)

**OFFICE Date Stamp**  
**(ONLY Completed Applications Accepted)**

### Housing types to choose from

- ☐ Low Income Housing Units (max HH income 59,500.00)
- ☐ Elder (Senior) Housing
- ☐ Marketable Housing
- ☐ Martin Gran Place Apartments
- ☐ Affordable Housing

# Document Checklist

## ☐ Residency Information

- ☐ **Copies of picture ID and Copies of Health Cards for anyone that will be residing in the home.**

If you are **NOT** a Canadian citizen, provide copies of documents pertaining to immigration status:

- ☐ Permanent Resident card (front and back)
- ☐ Refugee Protection Claimant document
- ☐ Notice of Decision
- ☐ Work Permit and/or Study Permit

## ☐ Rental References

- ☐ **Completed rental reference forms for the applicant and co-applicant. If you do not have any rental references, our office asks that you provide letters from character references.**

## ☐ Proof of Before-Tax Household Income

*Income verification is required for all household members age 18 and over.*

For any household members on the application who filed a tax return last year, provide:

- ☐ **Income Tax Return and Notice of Assessment**

OR

- ☐ **Proof of Income Statement**, a simple version of your tax assessment that you can obtain by calling Canada Revenue Agency at 1-800-267-6999.

*You can also obtain your Notice of Assessment or Proof of Income Statement online at [CRA My Account](#).*

If you did not file a tax return last year or if your income has changed significantly since last year, you can provide alternate documents as proof of income. The following list provides examples of documents we will ask you to submit.

- **Employment income, income earned on reserve, and self-employment income (last 3 months)**
- EI (last month)
- Worker's Compensation (last month)
- Assistance benefits, such as SIS, SAID, (last month)
- Investment income or dividends and rental property income (last year)
- Retirement savings withdrawals from a plan, such as a RRSP
- Pension income, including work pension, private pension, and CPP (last month)
- OAS and benefits including GIS (last month)
- Federal veterans benefits and disability benefits (last month)
- Scholarships, bursaries, grants, band funding, and tuition paid (current school year)
- Child support and spousal support, both paid and received (last month)

*You might be asked to provide additional proof of income (up to 12 months).*

# Applicant

## Personal Information

Applicant: 

First name

Middle name(s)

Last name

Current Address: 

Unit number and address

PO Box

City/Town

Province

Postal Code

Marital Status: 

☐ Single/Widowed/Separated/Divorced

☐ Married/Common-law

Social Insurance Number:  Email:

Phone Numbers: 

Home

Work

Health Card Number

Gender: 

☐ F

☐ M

☐ X

 Birthdate: 

MM/DD/YYYY

Alternate Contact: 

MANDATORY (Next of Kin)

Name

Phone number

Canadian residency status: 

☐ Canadian Citizen

☐ Permanent Resident

☐ Temporary Resident

☐ Refugee Claimant

☐ Other:

## Rental History and References

Do you currently live in a home you own?

☐ Yes

☐ No

Are you a first-time renter?

☐ Yes

☐ No

If you have rented from housing authority(s), which ones?

Do you owe money at housing authority(s) or previous landlord?

☐ Yes

☐ No

We will check for this, and if owing we will not accept your application.

Provide contact information for your current and previous landlords. If you have not rented, provide two-character references that are not friends or family (teacher, support worker, health professional, etc.).

Current Landlord: 

(or Character Reference)

Name:

Phone number:

Tenancy start: 

(If applicable)

MM/DD/YYYY

Contact: 

(If applicable)

Email:

Tenancy end: 

(If applicable)

MM/DD/YYYY

Previous Landlord: 

(or Character Reference)

Name:

Phone number:

Tenancy start: 

(If applicable)

MM/DD/YYYY

Contact: 

(If applicable)

Email:

Tenancy end: 

(If applicable)

MM/DD/YYYY

# Co-applicant

## Personal Information

|  |  |                             |                           |
|--|--|-----------------------------|---------------------------|
| Relationship to applicant:                 | <input type="text"/>   | <input type="text"/>        | <input type="text"/>      |
|  | <i>First name</i>  | <i>Middle name(s)</i>       | <i>Last name</i>          |
| Current Address:                           | <input type="text"/>   |                             |                           |
| <input type="checkbox"/> Same as applicant | <input type="text"/>   | <input type="text"/>        |                           |
|  | <i>Unit number and address</i>   | <i>PO Box</i>               |                           |
|  | <input type="text"/>   | <input type="text"/>        | <input type="text"/>      |
|  | <i>City/Town</i>   | <i>Province</i>             | <i>Postal Code</i>        |
| Marital Status:                            | <input type="radio"/> Single/Widowed/Separated/Divorced <input type="radio"/> Married/Common-law                         |                             |                           |
| Social Insurance Number:                   | <input type="text"/>   | Email:                      | <input type="text"/>      |
| Phone Numbers:                             | <input type="text"/>   | <input type="text"/>        | <input type="text"/>      |
|  | <i>Home</i>  | <i>Work</i>                 | <i>Health Card Number</i> |
| Gender:                                    | <input type="radio"/> F <input type="radio"/> M <input type="radio"/> X  | Birthdate:                  | <input type="text"/>      |
|  |  |                             | <i>MM/DD/YYYY</i>         |
| Alternate Contact:                         | <input type="text"/>   |                             |                           |
| <i>MANDATORY (Next of Kin)</i>             | <input type="text"/>   | <input type="text"/>        |                           |
|  | <i>Name</i>  | <i>Contact phone number</i> |                           |
| Canadian residency status:                 | <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Temporary Resident |                             |                           |
|  | <input type="radio"/> Refugee Claimant <input type="radio"/> Other: <input type="text"/>                                 |                             |                           |

## Rental History and References

|  |   |                                   |
|--|---|-----------------------------------|
| Do you currently live in a home you own?   | <input type="radio"/> Yes <input type="radio"/> No                                |                                   |
| Are you a first-time renter?   | <input type="radio"/> Yes <input type="radio"/> No                                |                                   |
| If you have rented from a housing authority(s), which ones?  | <input type="text"/>  |                                   |
| Do you owe money at housing authority(s) or previous landlord?   | <input type="radio"/> Yes <input type="radio"/> No                                |                                   |
| <i>We will check for this, and if owing we will not accept your application.</i>   |   |                                   |
| Do you have the same references as the applicant?  | <input type="radio"/> Yes <input type="radio"/> No <i>If yes, go to Household</i> |                                   |
| Provide contact information for your current and previous landlords. If you have not rented, provide two-character references that are not friends or family (teacher, support worker, health professional, etc.). |   |                                   |
| Current Landlord:  | Name: <input type="text"/>  | Contact: <input type="text"/>     |
| <i>(or Character Reference)</i>  | Phone: <input type="text"/>   | <i>(If applicable)</i>            |
|  | Tenancy start: <input type="text"/>   | Email: <input type="text"/>       |
|  | <i>(If applicable)</i> <i>MM/DD/YYYY</i>  |                                   |
| Previous Landlord:   | Name: <input type="text"/>  | Contact: <input type="text"/>     |
| <i>(or Character Reference)</i>  | Phone: <input type="text"/>   | <i>(If applicable)</i>            |
|  | Tenancy start: <input type="text"/>   | Email: <input type="text"/>       |
|  |   | Tenancy end: <input type="text"/> |

# Household

## Household Member Information

Provide details for each additional person who will live in the household, including children and adults.

*If you require additional space, please use the back of this page.*

| First Name | Last Name | Birthdate<br>(MM/DD/YYYY) | Gender<br>(F/M/X) | Relationship to Applicant |
|------------|-----------|---------------------------|-------------------|---------------------------|
| <hr/>      | <hr/>     | <hr/>                     | <hr/>             | <hr/>                     |
| <hr/>      | <hr/>     | <hr/>                     | <hr/>             | <hr/>                     |
| <hr/>      | <hr/>     | <hr/>                     | <hr/>             | <hr/>                     |
| <hr/>      | <hr/>     | <hr/>                     | <hr/>             | <hr/>                     |
| <hr/>      | <hr/>     | <hr/>                     | <hr/>             | <hr/>                     |

Will any children live in the home less than half of the time?

☐ Yes

☐ No

Will household size increase within the year?

☐ Yes

☐ No

*(Expecting a new baby, child returning from care, elderly parent joining the household, etc.)*

If a member of the household has a disability, do you need:

☐ An accessible unit

*Allows an individual using a wheelchair to live comfortably (lower counters, wider doorways, etc.)*

☐ Other adaptations

Do you have or plan to have any animals?

☐ Yes

☐ No

*We do allow pets in our regular housing units NOT in our multi-dwelling units. 250.00 non-refundable pet fee per pet.*

## Income and Assets

Did you file a tax return for the most recent tax year?

☐ Yes

☐ No

*If you did not file a tax return, you can still apply for housing.*

Are assistance benefits your only source of household income?

☐ Yes

☐ No

*Assistance benefits include SIS, SAID.*

Are any dependent household members between the ages of 18 and 25 full-time students? MUST Provide a COPY of acceptance letter.

☐ Yes

☐ No

What is your yearly household income?

\$

---

*Include the income of all household members 18 years and older. If available, add up line 15000 of all applicable household members' most recent tax returns.*

What is the total approximate value of your household assets?

\$

---

*Include the assets of all household members 18 years and older. The value of an asset is the amount you would receive if you sold the asset less any amount owing on it.*

# Declaration and Consent

**I declare that all the information in this application is *true and complete*.**

I give consent to MLNUHC to collect, use, and share information that I or another source provide during my application and my tenancy (if approved for a housing program) to:

- determine if I am eligible for a housing program; this includes verifying my household income with my employer, the Government of Saskatchewan, and/or the Government of Canada.
- verify my continued eligibility if I am approved for a housing program.
- contact previous landlords and respond to inquiries from future landlords regarding my tenant history.
- verify with a support service provider the services I receive.
- contact my alternate contact if I cannot be reached.
- collect arrears or any other amount owed to MLNUHC.
- audit and evaluate the effectiveness of a housing program.

In addition, I give consent for my information to be used by:

- the Government of Saskatchewan (or a third party contracted by the Government of Saskatchewan) for analysis and research of its programs and services; this might involve my information being combined with information from other Government of Saskatchewan ministries and/or agencies, even if I do not receive a program benefit.
- the Government of Canada and its agents, including Statistics Canada and the Canada and Mortgage and Housing Corporation, for analysis and research of national housing programs.

I understand:

- if any information in my application is found to be false, my application **WILL NOT** be considered, or if I have been placed in a rental unit, I will be required to vacate the unit.
- this application does not apply for Saskatchewan Rental Supplement(s) to provide me with a housing program benefit.
- the information I provide during the application process and my tenancy will be collected, used, kept, and disposed of as required by law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of co-applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
**Signature of other adult(s) 18+**  
*If you require additional space for signatures,  
please sign on back of this page.*

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

## Optional Declaration

Applicant: I choose to declare as ☐ Indigenous ☐ A visible minority ☐ Persons with disability

Co-applicant: I choose to declare as ☐ Indigenous ☐ A visible minority ☐ Persons with disability

**For office use only (Units)** Program: ☐ Low income ☐ Affordable ☐ Seniors ☐ Marketable ☐ Other

**Application reviewed on:** \_\_\_\_\_  
MM/DD/YYYY