

Thank you for your interest in applying for the **Family Social Housing Program**,

a subsidized housing program for low-income persons.

The Meadow Lake Housing Authority **DOES NOT GIVE OUT APPLICATIONS**,

instead, the following guide is provided to inform you of <u>how to apply</u>.

DUE TO FREQUENT MISSED APPOINTMENTS, EVERYONE IS REQUIRED TO SUPPLY ALL THE REQUIRED DOCUMENTATION TO OUR OFFICE BEFORE BOOKING AN APPOINTMENT.

ONCE YOU HAVE SUBMITTED ALL THE REQUIRED DOCUMENTATION THEN YOU CAN BOOK AN APPOINTMENT TO FILL OUT AN APPLICATION WITH THE TENANT RELATIONS OFFICER.

# **References are <u>REQUIRED</u>**

You must provide your past and current landlords name and number. If you have **never** rented before we need

## **<u>2 CHARACTERS LETTERS</u>** from **NON-FAMILY members**.

Ex: Teacher, Band Counselor, person of authority, etc

The following list is the required documents needed in order for you to apply. You only need the income information that applies to you example: employment income, social assistance programs, pension, etc.

To be eligible for this program you cannot exceed the following limits:

Income Limit by Family Size	Max. Annual Income
Families with no dependents	\$40,500 / yr
Families with one dependent	\$50,000 / yr
Families with two or three dependents	\$59,500 / yr
Families with four or more dependents	\$77,500 / yr
Asset Limit	\$50,000



- INCOME TAX: a copy of the most recent T1 General Form (see sample) you sent to Canada Revenue Agency (CRA) <u>NOT the Notice of Assessment</u>. If you do not have a copy of your T1 General please phone CRA at 1-800-959-8281 for your Proof of Income Statement.
- EMPLOYMENT VERIFICATION: we require the last 12 months of <u>pay stubs</u>. Or, if your income is steady and does not fluctuate, a letter from your employer stating the gross rate of pay, hours per week and total earnings for the last 12 months. *Remember that tips/gratuities, alimony/maintenance, and commissions are all considered income and must be reported.*
- EMPLOYMENT INSURANCE: weekly earnings and number of weeks of entitlement (see sample printout).
- INCOME ASSISTANCE (SAP, SAID, TEA, PTA) or WORKER'S COMPENSATION: we require photocopies of your most recent cheques or stubs.
- PENSIONS: we require photocopies of your most recent cheques, if you receive your payments by direct deposit we will require a copy of your most recent <u>bank statement</u>.
- IF YOU ARE IN RECEIPT OF A STUDENT LOAN, BURSARY, OR SCHOLARSHIP: we require copies of your schedules showing the payments you received or will receive and the start and end dates of the educational program.

**Rental References:** current and previous rental addresses, years rented, Landlord names and telephone numbers/addresses. If you have **never** rented, we need 2 characters letters from NON-FAMILY members. Ex: Teacher, Band Counselor, person of authority, etc.

Your completed application form will be processed as soon as possible and you will be contacted with the results.

In the meantime, any inquiries may be directed to the Tenant Relations Officer at 306-236-3977. We look forward to working with you in meeting your housing needs.

## FAMILY SOCIAL HOUSING UNITS

- Social Housing Program
- Rent amount = 30% of gross monthly household income (ask us for details)
- Minimum rent that can be charged is \$326.00 per month
- All suites have a fridge & stove
- Houses: Tenant pays all utilities (a heating allowance may apply ask for details)
- Security Deposit of \$326.00
- **<u>NO PETS</u>** \$500.00 charge if found with any pet and can lead to eviction.
- All family units are smoke-free (no smoking or vaping except in designated outdoor smoking areas).

### Example of EI online report:

My	Current	Claim	Don't forget to
			before leaving the site

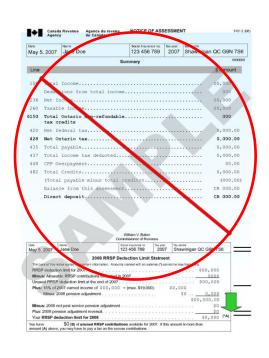
Start Date of Claim:	April 26, 2015		
Waiting Period:	April 26, 2015 to May 09, 2015		
Type of Benefit:	Regular benefits		
Total Insurable Earnings:	\$13,327		
Benefit Rate:	\$524		
Federal Tax:	\$10		
Total Insurable Hours:	1820		
Total Weeks of Regular Entitlement:	45		
Weeks of Regular Benefits Paid:	15		
Total Weeks Paid:	15		
Return to Work:	August 17, 2015		
End Date of Claim:	April 23, 2016 [1]		
Last Report Processed:	August 16, 2015 to August 29, 2015		

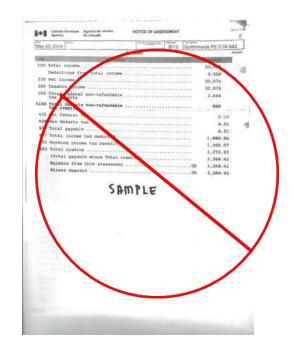
## Samples of Forms Required

Canada Revenue Apence du reven. du Canada Income Tax and	T1 GENERAL 201 Benefit Return
Complete all the sections that apply to you in order to benefit from amounts	
Identification	Information about you
	Enter your social insurance number (SIN) if it is not on the label, or if
Attach your personal label here. Correct any wrong information. If you are not attaching a label, print your name and address below.	you are not attaching a lubel:
First name and initial	Year Month Da Enter your date of bith:
	Your language of correspondence: English Franci
Last name	Votre langue de correspondance :
Mailing address: Apt No - Street No Street name	Tick the box that applies to your social status on December 31, 201 (see the 'Marital status' section the guide)
PO Box BR	1 Married 2 ving common-law 3 Widowed
TO DOX	4 Divorced 5 Separated 6 Single
City Prov./Terr. Postal code	Information a strate your space or
رىيىلىنىا لىيا	common-law partnel ou toke for 1 or 2 above lace the guide for the promotion
	Free the guide for the formation)
	are not attai, a label:
Information about your residence	his or her turne
Enter your province or territory of	1 Enter: (12010
residence on December 31, 2010:	to clair
	En of Universal Child Care Benefit Included
Enter the province or territory where you currently reside if it is not the same as that shown	is or her return:
above for your mailing address:	mount of Universal Child Care Benefit repayment
If you were self-employed in 2010.	en invezita er nis or ner neturn:
enter the province or territory of setFemployment	this box if he or she was self-employed in 2010: 1
If you became or ceased to be a reside of Canast 10. 17	Person deceased in 2010
Menth Day	If this return is for a deceased Year Month Da person, enter the date of death:
entry	Do not use this area
Berner Creat	e in the tax guide for details or visit www.elections.ca)
Answer the folling gur , un, you ale a Canadian citizen.	
B) As a Canadian on, do you a orize the Canada Revenue Age address, date of birth, and citize thip to Elections Canada to upda	
Your authorization is valid until your next return. Your informati	
Elections Act which include aring the information with provincial/te political parties, as well as candidates at election time.	rritorial election agencies, Members of Parliament and registered
postical parties, as well as candidates at election time.	
	contraligner tibers (T2H/T2
Coode and convices tax/harmonized cales tax (C)	a titra i f ereun application
Goods and services tax/harmonized sales tax (Gt	
See the guide for details.	
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See the guide for details.	sial credit)?
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See the guide for details.	sal credit)?

Employment income (box 14 Commissions included on line	on all T4 slips)				
Commissions included on line				101	
	e 101 (box 42 on all T4 s	lips) 102			
Wage loss replacement contr (see line 101 in the guide)	ibutions	103			
Other employment income				104	+
Old age security pension (box 18 on the T4A(OAS) slip	or the applicable amour	nt on your Ni	R4-OAS slip)	113	+
CPP or QPP benefits (box 20 on the T4A(P) slip or	the applicable amount o	n your NR4	slip)	114	+
Disability benefits included or (box 16 on the T4A(P) slip or the		NR4 slip) <b>152</b>			
Other pensions and superann	nuation			115	+
Elected split-pension amount				116	
Universal child care benefit (U				117	+
UCCB amount designated to		185			
Employment insurance and o amount on your NR4 slip)			or the applicable	119	+
Taxable amount of dividends Canadian corporations (attac	(eligible and other than th Schedule 4)	eligible)	able	120	+
Taxable amount of dividends included on line 120, from tax	cable Canadian corporat		1		
Interest and other investment	t income (attach Sche			121	+
Interest and other investment Net partnership income: limite	t income (attach Sche ed or non-active par			122	+
Interest and other investment Net partnership income: limite	t income (attach Sche ed or non-active par				+
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## Sample of Forms Not Accepted





#### LANDLORD REFERENCE FORM

Instructions: Fill in Section A. Sign at Section C. Forward to your previous landlord and have him/her complete Section B. Previous landlord should return completed form directly to Meadow Lake Housing Authority at: Box 579, 109 Highway 4 North, Meadow Lake, SK S9X 1Y4; or fax to: 306-236-5315; or email <u>meadowlake.ha@gov.sk.ca</u>.

Section A Name of Tenant(s) #1		_#2		
Former Address:		#2		
City: Postal Code:				
Section B (to be completed by <u>fo</u> Length of Tenancy: From	<mark>rmer Landlord)</mark> 1	То		
Number of Occupants:	AdultsChi	ldren		
<b>COMPLAINTS</b> : If YES,	( ) Yes ( ) No How many?	What type?		
LEASE VIOLATION NOT	ICES: ( ) Yes ( ) No	If YES, what type?		
NOTICE TO VACATE:	· · ·	ren ( ) Improper Notice Gi		
DAMAGE DEPOSIT: ( ) Re	eturned () Not returned	Details:		
Outstanding Balance upon	Vacating: () Yes ()	No Details:		
Other Comments:				
I certify that the above is tr	ue and correct.			
Signature of Landlord		Printed name of Land	lord	
Address		City/Province	Postal Code	
Phone Number (daytime) / (	evening)	Date		
Section C I authorize the release Authority.	of the above landlo	rd reference informat	ion to Meadow Lake Hous	sing
Signature of Tenant		Signature of Tenant		

All information listed is subject to verification by the Meadow Lake Housing Authority.