



Box 579, #109 Highway 4 North, Meadow Lake, SK S9X 1Y4 Phone: (306)236-3977 Fax: (306)236-5315

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 how to apply.

Once you have gathered the required documentation (*examples in the guide*) call the office to schedule an appointment. You must bring all information to your appointment, if any information is missing we will have to reschedule your appointment until you have gathered everything.

References are **REQUIRED**

You must provide your past and current landlords name and number.
If you have **never** rented before we need **2 characters letters**
from NON-FAMILY members. Ex: Teacher, Band Counselor, person of
authority, etc

We are pleased to announce that we now have a website...

www.meadowlakehousing.ca

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	\$38,000 / yr
Families with one dependent	\$46,500 / yr
Families with two or three dependents	\$56,000 / yr
Families with four or more dependents	\$67,000 / 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) - NOT the Notice of Assessment. 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 pay stubs. 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 bank statement.
- **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. 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*
- ***NO PETS*** *\$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

[Log out](#)

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

T1 GENERAL 2010
Income Tax and Benefit Return

Complete all the sections that apply to you in order to benefit from amounts to which you are entitled.

Identification
Attach your personal label here. Correct any wrong information. If you are not attaching a label, print your name and address below.
First name and initial: _____
Last name: _____
Mailing address: Apt No. - Street No. Street name: _____
PO Box: _____
City: _____ Prov./Terr.: _____ Postal code: _____

Information about you
Enter your social insurance number (SIN): _____
Enter your date of birth: _____
Your language of correspondence: English / French

Information about your spouse or common-law partner
Enter the name of your spouse or common-law partner: _____
Enter the date of birth: _____
Your language of correspondence: English / French

Information about your residence
Enter your province or territory of residence on December 31, 2010: _____
Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address: _____

Person deceased in 2010
Enter the name of a deceased person, enter the date of death: _____

Goods and services tax/harmonized sales tax (GST/HST) credit application
Are you applying for the GST/HST credit (including any related provincial credit)? Yes No

Total income

Employment income (box 14 on all T4 slips)	101	
Commissions included on line 101 (box 42 on all T4 slips) (see line 101 in the guide)	102	
Wage loss replacement contributions (see line 101 in the guide)	103	
Other employment income	104 +	
Old age security pension (box 18 on the T4A(OAS) slip or the applicable amount on your NR4-OAS slip)	113 +	
CPP or QPP benefits (box 20 on the T4A(P) slip or the applicable amount on your NR4 slip)	114 +	
Disability benefits included on line 114 (box: 16 on the T4A(P) slip or the applicable amount on your NR4 slip)	152	
Other pensions and superannuation	115 +	
Elected split-pension amount (attach Form T1032)	116 +	
Universal child care benefit (UCCB)	117 +	
UCCB amount designated to a dependent	185	
Employment insurance and other benefits (box 14 on the T4E slip or the applicable amount on your NR4 slip)	119 +	
Taxable amount of dividends (eligible and other than eligible Canadian corporations) (attach Schedule 4)	120 +	
Taxable amount of dividends other than eligible dividends included on line 120, from taxable Canadian corporations	180	
Interest and other investment income (attach Schedule 4)	121 +	
Net partnership income: limited or non-active partner	122 +	
Registered disability savings plan income	125 +	
Rental income	Gross 126 + Net 126 +	
Taxable capital gains (attach Schedule 4)	Gross 127 + Taxable amount 128 +	
Support payments received (attach Form T4RSP)	Gross 129 + Taxable amount 129 +	
RRSP income (from all T4RSP slips) (attach Form T4RSP)	Gross 130 + Taxable amount 130 +	
Other income (Specify: _____)	Gross 130 + Net 130 +	
Self-employment income	Gross 135 + Net 135 +	
Business income	Gross 162 Net 137 +	
Professional income	Gross 164 Net 139 +	
Commission income	Gross 166 Net 141 +	
Farming income	Gross 168 Net 143 +	
Fishing income	Gross 170 Net 143 +	
Workers' compensation benefits (box 10 on the T5007 slip)	144	
Social assistance payments	145 +	
Net federal supplements (box 21 on the T4A(OAS) slip)	146 +	
Add lines 144, 145, and 146 (see line 250 in the guide)	=	147 +
Add lines 101, 104 to 143, and 147.		This is your total income: 150 =

Sample of Forms Not Accepted

NOTICE OF ASSESSMENT

Date: May 5, 2007 Name: Jane Doe Social Insurance No.: 123 456 789 Tax year: 2007 Tax area: Shawinigan QC G9N 7S6

Line	Description	Amount
150	Total income	00,000.00
236	Net income	00,000.00
260	Taxable income	00,000.00
6150	Total Ontario non-refundable tax credits	000.00
428	Net Ontario tax	0,000.00
435	Total payable	0,000.00
437	Total income tax deducted	0,000.00
448	CPP Overpayment	00.00
482	Total Credits (Total payable minus total credits)	(000.00)
	Balance from this assessment	CR 000.00
	Direct deposit	CR 000.00

2008 RRSP Deduction Limit Statement

RRSP deduction limit for 2007: \$90,000
 Minus: Allowable RRSP contributions for 2007: \$0.00
 Unused RRSP deduction limit at the end of 2007: \$90,000
 Plus: 15% of 2007 earned income of \$00,000 = (max. \$19,000): \$0.00
 Minus: 2008 pension adjustment: \$0.00
 Minus: 2008 net past service pension adjustment: \$00,000.00
 Plus: 2008 pension adjustment reversal: \$0.00
 Your RRSP deduction limit for 2008: \$0,000 (A)

NOTICE OF ASSESSMENT

Date: May 23, 2014 Name: _____ Social Insurance No.: _____ Tax year: 2013 Tax area: Summerside PE C1N 6A2

150	Total income	21,500.00
236	Net income	20,075.00
260	Taxable income	20,075.00
350	Total federal non-refundable tax credits	3,644.00
6150	Total Ontario non-refundable tax credits	950.00
428	Net Ontario tax	0.00
435	Total payable	4.51
437	Total income tax deducted	4.51
448	CPP Overpayment	1,292.07
482	Total Credits (Total payable minus Total credits)	3,266.42
	Balance from this assessment	CR 3,266.42
	Direct deposit	CR 3,266.42

SAMPLE

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; or fax to: 306-236-5315.

Section A

Name of Tenant(s) #1 _____ #2 _____
Former Address: _____
City: _____
Postal Code: _____

Section B (to be completed by former Landlord)

Length of Tenancy: From _____ To _____

Number of Occupants: Adults _____ Children _____

COMPLAINTS: () Yes () No
If YES, How many? _____ What type? _____

LEASE VIOLATION NOTICES: () Yes () No If YES, what type? _____

NOTICE TO VACATE: () Proper Notice Given () Improper Notice Given () Eviction
() Other: _____

DAMAGE DEPOSIT: () Returned () Not returned Details: _____

Outstanding Balance upon Vacating: () Yes () No Details: _____

Other Comments: _____

I certify that the above is true and correct.

Signature of Landlord Printed name of Landlord

Address City/Province Postal Code

Phone Number (daytime) / (evening) Date

Section C

I authorize the release of the above landlord reference information to Meadow Lake Housing Authority.

Signature of Tenant Signature of Tenant

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