



Box 579, 119A 2<sup>nd</sup> Street East 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. Then 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 or authority, etc

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

[www.meadowlakehousing.ca](http://www.meadowlakehousing.ca)

*Check here often for tenant notices, important information, simple recipes, and community events...*

*Updated 06/03/2019*

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	\$37,000 / yr
Families with one dependent	\$45,000 / yr
Families with two or three dependents	\$55,500 / yr
Families with four or more dependents	\$66,500 / yr
<b>Asset Limit</b>	\$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
- **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 Direct Deposit we also 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 or 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 a 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 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*
- *NO PETS\*\*\*\*\* \$500.00 charge if found with any pet!!*
- *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

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

# 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). If it is not on the label, or if you are not attaching a label:  
Enter your date of birth:  
Your language of correspondence:  
Tick the box that applies to your marital status on December 31, 2010:  
 Married  Living common-law  Widowed  Divorced  Separated  Single

**Information about your spouse or common-law partner**  
Enter her or his SIN if it is not on the label:  
Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address.  
If you were self-employed in 2010, enter the province or territory of self-employment.  
If you became or ceased to be a resident of Canada in 2010, enter the date:  
If this return is for a deceased person, enter the date of death:  
Do not use this area

**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.  
If you were self-employed in 2010, enter the province or territory of self-employment.  
If you became or ceased to be a resident of Canada in 2010, enter the date:  
If this return is for a deceased person, enter the date of death:  
Do not use this area

**Person deceased in 2010**  
Enter the date of death:  
Do not use this area

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

Do not use this area 172 171

**Total income**

Employment income (box 14 on all T4 slips)	101	
Commissions included on line 101 (box 42 on all T4 slips)	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 +	
Elected split-pension amount (attach Form T1032)	120	
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 3)	127 +	
Support payments received	128 +	
RRSP income (from all T4RSP slips)	129 +	
Other income	Specify: 130 +	
Self-employment income		
Business income	Gross 132	Net 135 +
Professional income	Gross 164	Net 137 +
Commission income	Gross 166	Net 139 +
Farming income	Gross 168	Net 141 +
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 Province: 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
420	Net federal tax	0,000.00
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	0,000.00
	(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 \$0,000 = (max. \$19,000): \$0.00  
 Minus: 2008 pension adjustment: \$0.00  
 Minus: 2008 net past service pension adjustment: \$0.00  
 Plus: 2008 pension adjustment reversal: \$0.00  
 Your RRSP deduction limit for 2008: \$0,000 (A)

**NOTICE OF ASSESSMENT**

Date: May 23, 2014 Name: Jane Doe Social Insurance No.: 123 456 789 Tax year: 2013 Province: Shawinigan QC G9N 7S6

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
420	Net federal tax	0.00
428	Net Ontario tax	4.51
435	Total payable	4.51
437	Total income tax deducted	1,800.86
448	CPP Overpayment	1,292.07
482	Total Credits	3,272.93
	(Total payable minus Total credits)	3,268.42
	Balance from this assessment	CR 3,268.42
	Direct deposit	CR 3,268.42

**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, 119 2<sup>nd</sup> Street East; 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 housing authority.**