

Websites www.metadowakenousing.ea

# 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,

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

**2 CHARACTERS LETTERS** 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) 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 <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 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 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

My Current Claim

- 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).

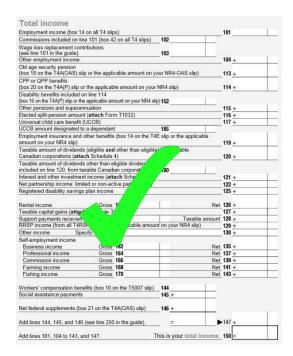
#### Example of El online report:

Don't forget to

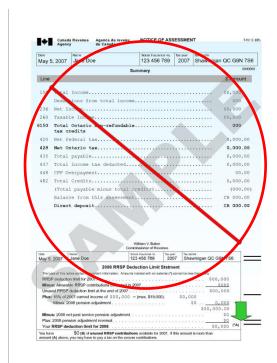
	before leaving the si
Start Date of Claim:	April 26, 2015
Waiting Period:	April 26, 2015 to May 09, 2015
Type of Benefit:	Regular benefits
Total Insurable Earnings:	\$13,327
Benefit Rate:	\$524
Federal Tax:	\$10
Total Insurable Hours:	1820
Total Weeks of Regular Entitlement:	45
Weeks of Regular Benefits 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

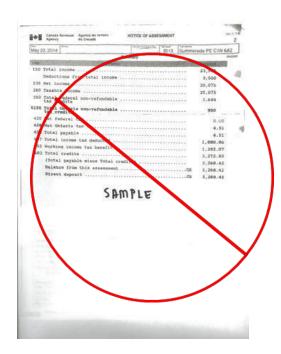
### Samples of Forms Required





## 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 <a href="meadowlake.ha@gov.sk.ca">meadowlake.ha@gov.sk.ca</a>.

Section A Name of Tenant(s) #1		#2				
Former Address:						
City: Postal Code:						
Section B (to be completed by	former Landlord)					
<b>Length of Tenancy</b> : From						
Number of Occupants:	AdultsCh	ildren				
COMPLAINTS: If YES,	() Yes () No How many?	What type?				
LEASE VIOLATION NO	OTICES: ( ) 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 upo	n 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) / Section C	(evening)	Date	_			
	e of the above landlo	rd reference informat	ion to Meadow Lake Ho	using		
Signature of Tenant		Signature of Tenant	Signature of Tenant			

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