



Box 579, #109 Highway 4 North Meadow Lake, SK S9X 1Y4 Phone: (306)236-3977 Fax: (306)236-5315  
Email: [meadowlake.ha@gov.sk.ca](mailto:meadowlake.ha@gov.sk.ca) Website: [www.meadowlakehousing.ca](http://www.meadowlakehousing.ca)

Thank you for your interest in applying for the  
**Senior Social Housing Program**,  
a subsidized housing program for low income  
persons.

The Meadow Lake Housing Authority  
***DOES NOT GIVE OUT APPLICATIONS***,  
Instead, the following information is provided  
to tell you how to apply

**Once you have gathered ALL of 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

Thank you for your interest in applying for the **Senior Social Housing Program**, a subsidized housing program for low-income persons.

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

<b>Income Limit by Family Size</b>	<b>Max. Annual Income</b>
Senior Single	\$43,700 / yr
Senior Couple	\$53,500 / yr

  

<b>Asset Limit</b>	\$300,000
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In order for us to process an application you must **complete the attached Asset Declaration Form** and provide us with income verification for each member of your household.

**Please gather the following income documents:**

- **INCOME TAX:** a copy of the most recent T1 General Form (including all T slips) you sent to Canada Revenue Agency (CRA) - NOT the Notice of Assessment CRA returned to you. If you do not have a copy of your T1 General, please phone CRA at 1-800-959-8281 to obtain your Proof of Income Statement. If you have **farm or business income** you will also need to supply a statement of business activities.
- **IF YOU ARE COLLECTING Pensions, Employment Insurance, Veteran benefits, Worker's Compensation, or Income Assistance (SAP, SAID),** we require photocopies of your most recent cheques or stubs. If you receive your payments by way of Direct Deposit we will require a copy of your most recent bank statement.
- **IF YOU ARE EMPLOYED:** 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.***
- **Rental References:** current and previous rental addresses, years rented, Landlord names and telephone numbers/addresses. If you have never rented, we need 2 character letters from NON-FAMILY members. Ex: Teacher, Band counsellor, person of authority. Etc.

**When you have gathered all the applicable information, please call our office at 306-236-3977 to schedule a meeting with the Tenant Relations Officer.** The Tenant Relations Officer will assist you in completing an application form during the meeting.

- During the meeting we will require information regarding your current rental payment or property tax amounts, utility bill costs, and insurance costs. We will also review your asset declaration form with you. This information is required to assess your eligibility and your housing need.

When your application has been received with all the required documentation it will be processed as soon as possible. Once the Board of Directors has reviewed the applications, 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!

- No pets are allowed in any of our units – either to visit or to live with tenants.
- All Senior units are **SMOKE-FREE** (no smoking or vaping, except in designated outdoor smoking areas).
- There is a \$326.00 security deposit on all Social Housing units.

### **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>	<b>August 16, 2015 to August 29, 2015</b>

## SOCIAL HOUSING PROGRAM - Asset Declaration Form

<b>Applicant's Name:</b>	<b>Co-applicant's Name:</b>
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"Value" is the amount you could get for an item if you sold it, less any amount owing on it.	"Dependant" is a person that depends on other household members for the necessities of life since he/she is related by blood, marriage, or adoption to the other household members and is 25 years of age or less, or since he/she is mentally or physically infirm regardless of age.
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ASSET TYPE	EXAMPLES	TOTAL
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<b>Cash</b>		
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Enter the value regardless of where the money came from, e.g. lump sum payments, capital gains, gambling winnings, insurance settlements, compensation, etc.	Cash on hand	
	Balance in all bank accounts (e.g. savings, chequing, and tax free savings accts)	
	Cash in a safety deposit box	

<b>Investments</b>		
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Enter the value of financial investments that provide interest, dividends, or appreciate in value. Do not include locked-in investments that are inaccessible, e.g. a trust fund where the age requirement has not yet been met.	Commodities, stocks, bonds, mutual funds, guaranteed investment certificates (GICs), money market funds, etc.	
	Shares, stock options, and warrants in a business	
	Mineral rights and oil and gas leases	

<b>Real estate</b>		
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Enter the value of land, properties, and buildings.	Primary residence	
	Other properties and buildings (e.g. vacation home, rental property, commercial building, out buildings, etc.)	
	Land (e.g. vacant lots, acreage, farm land, etc.)	

<b>Retirement savings plans - only households without a dependant complete this section (e.g. seniors)</b>		
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Enter the value of savings or investments for retirement. Do not include funds that have been converted to income, e.g. RRIF.	Registered Retirement Savings Plans (RRSPs)	
	Company and private pension plans	

<b>Vehicles</b>		
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Enter the value of vehicles.	Primary vehicles (i.e. the one the household uses most for transportation)	
	Secondary vehicles, including business vehicles	
	Recreational vehicles (e.g. boat, motor home, trailer, all terrain vehicle, snowmobile)	

<b>Business assets - only households without a dependant complete this section (e.g. seniors)</b>		
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Enter the value of assets for the operation of a business, including farms.	E.g. stock, inventory, raw materials, tools, equipment, machinery, livestock, cash, furniture, etc.	
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<b>Valuable personal effects</b>		
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Enter the value of items that are not essential for day-to-day living.	E.g. jewellery, antiques, collections, etc.	
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<b>Tools of the trade - only households without a dependant complete this section (e.g. seniors)</b>		
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Enter value of items you supply as an employed or contracted worker.	E.g. tools, machinery, computer, electronics, musical instruments, etc.	
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**I/We hereby declare the information provided on this Asset Declaration Form is true, correct, and complete.**

Applicant's Signature	Date	Co-applicant's Signature	Date
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# MEADOW LAKE SENIOR HOUSING UNITS

- **Social Housing Program**
- **NO PETS**
- **Rent amount = 30% of gross monthly household income (ask us for details)**
- **Minimum rent that can be charged is \$326.00 per month**
- **Rent includes heat, water, sewer, and garbage disposal**
- **All suites have a fridge & stove**
- **Security Deposit of \$326.00**
- **For parking availability, or other questions please contact us at 306-236-3977**

## VILLA'S 1 & 2 – 306 3<sup>rd</sup> & 305 4<sup>TH</sup> Ave West

- \*1 bedroom units
- \* Building is ground level
- \* Secure entrance
- \* Common lounge areas & laundry rooms (no charge)
- \* Garden plots by backside of building
- \* Social Activities
- \* Hairdresser on site weekly

## GOLDEN WEST MANOR 213 1<sup>st</sup> WEST

- \*1 bedroom units
- \* Three-story elevator equipped building
- \* Secure entrance
- \* Common lounge area on main floor
- \* Laundry rooms (no charge)
- \* Social activities

## MEADOW MANOR-518 CENTRE STREET

- \*1 & 2 bedroom units
- \* Secure entrance
- \* Common lounge area
- \* Laundry room (no charge)
- \* Garden plots (shared)
- \* Social activities

## SENIOR DUPLEXES- Located in three different areas of Meadow Lake

- \*1 bedroom units
- \* Laundry
- \* Private entrance

**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: 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 current/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 the Meadow Lake Housing Authority.**

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Signature of Tenant

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

# 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 RR  
City Prov/Terr Postal code

**Information about you**

Enter your social insurance number (SIN)  
Enter your date of birth  
Your language of correspondence

**Information about your spouse or common-law partner (see the guide for more information)**

Enter the SIN (if it is not on the label, if any)  
Enter the date of birth  
Enter the language of correspondence

**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

**Person deceased in 2010**

If this return is for a deceased person, enter the date of death

**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	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 T4(OAS) slip or the applicable amount on your NR4-OAS slip)		113 +
CPP or QPP benefits (box 20 on the T4(P) slip or the applicable amount on your NR4 slip)		114 +
Disability benefits included on line 114 (box 16 on the T4(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 3)		127 +
Support payments received		128 +
RRSP income (from all T4RSP slips) (see the guide for details)		129 +
Other income	Specify 130	130 +
Self-employment income		
Business income	Gross 142	Net 135 +
Professional income	Gross 144	Net 137 +
Commission income	Gross 146	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** (T401 E 09)

Date: May 5, 2007 Name: Jane Doe Social insurance no.: 123 456 789 Tax year: 2007 Residence: Shawinigan QC G9N 7S6

Line	Description	Amount
150	Total Income	00,000.00
236	Deductions from total income	000.00
260	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 (Total payable minus total credits)	(000.00)
	Balance from this assessment	CR 000.00
	Direct deposit	CR 000.00

William V. Baker  
Commissioner of Revenue

Date: May 5, 2007 Name: Jane Doe Social insurance no.: 123 456 789 Tax year: 2007 Residence: Shawinigan QC G9N 7S6

**2008 RRSP Deduction Limit Statement**

The lack of this notice does not affect your information. Amounts marked with an asterisk (\*) cannot be less than zero.

RRSP deduction limit for 2007	\$000,000
Minus: Allowable RRSP contributions in 2007	\$000,000
Unused RRSP deduction limit at the end of 2007	\$000,000
Plus: 15% of 2007 earned income of \$00,000 = (max. \$18,000)	\$0,000
Minus: 2008 pension adjustment	\$0,000
Minus: 2008 net past service pension adjustment	\$000,000.00
Plus: 2008 pension adjustment reversal	\$0
Your RRSP deduction limit for 2008	\$0,000 (*)

You have \$0 (0) of unused RRSP contributions available for 2007. If this amount is more than amount (A) above, you may have to pay a tax on the excess contributions.

**NOTICE OF ASSESSMENT** (T401 E 09)

Date: May 23, 2014 Name: Jane Doe Social insurance no.: 123 456 789 Tax year: 2013 Residence: Shawinigan QC G9N 7S6

Line	Description	Amount
150	Total Income	23,500.00
236	Deductions from total income	3,500.00
260	Net Income	20,000.00
260	Taxable Income	20,000.00
350	Total federal non-refundable tax credits	3,544.00
6150	Total Ontario non-refundable tax credits	950.00
420	Net federal tax	0.00
428	Net Ontario tax	4.91
435	Total payable	4.91
437	Total income tax deducted	1,980.86
448	Working income tax benefit	1,292.07
482	Total credits (Total payable minus total credits)	3,276.93
	Balance from this assessment	CR 3,266.42
	Direct deposit	CR 3,266.42

**SAMPLE**