



The Moose Jaw Housing Authority  
255 Caribou Street West  
Moose Jaw, SK S6H 7W3  
Telephone: 306-694-4055  
Fax: 306-694-2021  
email: mjha@sasktel.net

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# FAMILY HOUSING APPLICATION

All families may apply for Family Housing. Preference will be given to households with lower incomes and/or those that have a current residence which is inadequate or unsuitable. Tenants living in Family Housing pay a monthly rent based on a percentage of their total gross household income as defined in the Graduated Rent Scale. Incomes are reviewed on an annual basis to ensure the rental rate is fair. Tenants may request downward adjustments in their rent charged prior to the annual review if their incomes are reduced during the course of the year. These requests are reviewed on an individual basis by the Housing Authority.

## NO PET POLICY



Saskatchewan  
Housing  
Corporation

An Agency of  
Community Resources



Canada

## FAMILY HOUSING APPLICATION

Name: \_\_\_\_\_  
Last
First
Middle Initial

Are you a Canadian Citizen?  Yes  No      Do you require a wheelchair-accessible unit?  Yes  No

Are you of aboriginal ancestry?  Yes  No      Preferred Location: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone:(H) \_\_\_\_\_ (B) \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Number of bedrooms in current accommodation: \_\_\_\_\_  
day month year

Have you been provided with a notice to vacate?  Yes  No, if yes please indicate the date: \_\_\_\_\_

Do you require parking?  Yes  No      How many bedrooms do you require: \_\_\_\_\_

What is your occupation? \_\_\_\_\_ Preferred occupancy date: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

### FINANCIAL INFORMATION

	Applicant	Co-Habitant	Other
Gross Earned Income			
Social Assistance			
Training Allowance			
Unemployment Insurance			
Worker's Compensation			
Other Sources:			
<b>Total Monthly Income</b>			

### BANKING

Name of Bank, Credit Union, or Trust Company

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Name \_\_\_\_\_ Branch: \_\_\_\_\_

### PRESENT LIVING ACCOMMODATIONS

Rent  Own  Other, please explain

Furnished  Yes  No

### SHELTER COSTS

Gas \_\_\_\_\_

Rent/Mortgage payment \_\_\_\_\_  
per month

Water/Sewer \_\_\_\_\_  
Insurance \_\_\_\_\_

**TOTAL SHELTER** \_\_\_\_\_

Please explain your reasons for wanting to leave your present accommodation:

Name of **present** Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Tenancy Started: \_\_\_\_\_

Name of **previous** Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Tenancy Started: \_\_\_\_\_

Date Vacated: \_\_\_\_\_

**ASSETS**

Include all assets owned by household members

ASSETS	\$ AMOUNTS
Real Estate (house)	
Farm of commercial property	
Cash and Bank Deposits	
Bonds and Securities	
Vehicles	
Year/Make: _____	
Year/Make: _____	
Recreational Vehicles	
Other	
<b>TOTAL ASSETS</b>	

**ADDITIONAL INFORMATION**

- Does your current accommodations have a kitchen?  
 Yes    No
- Does your current accommodation have bathroom?  
 Yes    No
- Does your current accommodation require major repair?  
 Yes    No
- Do you share your current accommodation?  
 Yes    No
- Have you and/or your co-habitant ever rented from a Housing Authority?  
 Yes    No, if yes, which one? \_\_\_\_\_
- Do you own a pet?  
 Yes    No, if yes, what kind? \_\_\_\_\_

**OTHER MEMBERS OF HOUSEHOLD**

NAME Surname	First	Relationship to Head of Household	Marital Status	Business Phone	Sex	Birthdate	Occupation

**NEXT OF KIN** (to be notified in case of illness)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone:(H) \_\_\_\_\_ (B) \_\_\_\_\_

**EMPLOYERS**

**APPLICANT**

Present Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

**CO-HABITANT**

Present Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

I hereby acknowledge that I have read, understand, and agree to the covenants described following this application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Signature of Co-Habitant \_\_\_\_\_

## **INCOME VERIFICATION**

Verification of ALL income MUST accompany the application, including:

- a) A signed letter from the employer for EACH working member in your family, stating the GROSS rate of pay, hours per week, and total earnings in the last 12-month period.
- b) If you, or any member of your family, are receiving Employment Insurance, Worker's Compensation, Social Services, or a pension, copies of the cheque stub(s) from the previous month must be attached.
- c) Verification of student loans, bursaries, and/or scholarships obtained over the last 12 months and the commencement and completion dates of the related educational program.

**The Housing Authority reserves the right to request documentation as it deems necessary as proof of income.**

### **DECLARATION**

I understand this application does not constitute an agreement on the part of the Housing Authority or its representatives to provide me with accommodation.

I hereby authorize the Housing Authority to investigate any or all of the statements made herein being fully aware that discovery of any false statements shall cancel further consideration of my application.

I acknowledge that the Housing Authority has a policy regarding pets and that I fully understand this policy.

I further acknowledge the right of the Housing Authority or its agent at anytime prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given.

I acknowledge and hereby authorize the Housing Authority to investigate and/or make any inquiries regarding references from past or present landlords, utility companies, and employers.

I acknowledge that this application becomes the property of the Housing Authority upon delivery by me to it or its agent.

I agree and consent that credit inquiries may be made and credit reports obtained and/or prepared at anytime in connection with the housing hereby applied for.

I hereby declare that information provided on this application is true, correct, and complete.

**Please ensure all questions on the application have been answered fully.**