



The Moose Jaw Housing Authority  
255 Caribou Street West  
Moose Jaw, SK S6H 7W3  
Telephone: 306-694-4055  
Fax: 306-694-2021  
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# SENIOR CITIZEN HOUSING APPLICATION

Senior Housing is offered to person 55 years of age or over, and persons with physical disabilities who are able to life independently. Preference is given to persons with lower incomes and persons who are living at risk. Tenants living in Senior 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 the rent charged prior to the annual review if their income is 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



**ASSETS**

Include all assets owned by household members

<b>ASSETS</b>	<b>\$ AMOUNTS</b>
Real Estate (house)	
Farm or 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? \_\_\_\_\_**CO-HABITANT (spouse)**

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Telephone: (B) \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ What is your occupation? \_\_\_\_\_

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

**NEXT OF KIN** (to be notified in case of illness, should not be a member of the current household)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone:(H) \_\_\_\_\_ (B) \_\_\_\_\_

**EMPLOYERS****APPLICANT**

Present Employer: \_\_\_\_\_

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

City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**CO-HABITANT**

Present Employer: \_\_\_\_\_

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

City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

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 Unemployment 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.**