



Application

Saskatchewan Human Rights Exemption
EX10-08

Purpose of this Application Form

The purpose of the application form is to collect specific information from applicants (the person filing out the form) seeking housing in the City of Regina, City of Swift Current, Towns of Fort Qu'Appelle, Indian Head and Sintaluta. Silver Sage Housing Corporation & Entities will use this information to:

- Determine eligibility for subsidized housing
- Determine eligibility for affordable housing
- Assess housing needs
- Determine eligibility for Transitional housing
- Determine the type of housing that best suits an applicant's needs.

What is a Supplemental Application Form?

Silver Sage Housing Corporation & Entities will give additional consideration to applicants who are:

- Homeless
- Fleeing domestic violence or abuse; or
- Have a serious health condition

Supplement information provides specific information from a third party, such as a health professional, social worker or counsellor, who can verify the applicant's current housing situation and the specific housing needs they have.

National Occupancy Standards

Due to the limited supply of affordable housing, the following standards are applied to ensure households are placed, wherever possible, in a unit with the correct number of bedrooms for the size of their household.

- No more than two and no less than one person per bedroom
- Couples and spouses share a bedroom
- Parents do not share a bedroom with their children.
- Dependents aged 18 or older do not share a bedroom
- Dependents of the opposite gender age five and older do not share a bedroom

Eligibility

To qualify for subsidized housing, you must meet **all** of the following criteria:

Residents of Canada, who desire to reside in Saskatchewan who are First Nation for the purpose of employment or education. Affordable housing is available for families, seniors, students, and people with disabilities who can live independently and qualify for a disability pension, or who cannot work because of a disability.

You must be at least 19 years of age. Some or all of your annual income comes from employment and you file an annual income tax return.

Generally, people are eligible for housing if their household income falls below an amount set by Canada Mortgage and Housing Corporation (CMHC). Silver Sage Housing Corporation will assess each applicant's need for housing based on criteria which includes the applicant's income, current living situation and personal and family requirements. This ensures that priority is given to households in the greatest need.

For the Swift Current and Regina Project housing you must have dependents.

Who is Not Eligible:

If you own your own home or if you own a home but do not live in it.

If you are not a Canadian citizen.

If you owe any of the Utility companies.

Please print clearly	For Office Use Only:
	<div style="display: flex; justify-content: space-between;"> File #: _____ Date Received: _____ </div>

1. Application Information

Last Name _____	First Name _____	Title (please circle) Mr. Mrs. Miss Ms
Last Name _____	First Name _____	Title (please circle) Mr. Mrs. Miss Ms

2. Contact Information

Street Address Home _____	City _____	Province _____	Postal Code _____
Mailing address (if different from home address) _____	_____	_____	_____
Home Phone _____	Work Phone _____		
Message Phone _____	E-Mail _____		
Contact Person (optional) _____	Contact person Phone _____		

3. Household Information

3a List yourself, then all other household members. If required, attach separate sheet for more names.

Last Name	First Name	Relationship (to applicant)	Birthdate Mm/dd/yy	Age	Sex
1.	_____	Self	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

3b Do all the people listed live with you full time right now?

Yes No

If No, please provide the name of the person(s) and number of days per week they live with you.

Name	# days per week	Shared Custody? Yes/No	If not shared custody, why are they not living with you full time?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

3c Do you expect the number of people living with you to change in the next 12 months?

(i.e.: pregnancy, family joining, family leaving, child in care)

Yes No

If Yes, please explain and provide expected date of household size change.

3d Do you or anyone in your household identify as being an Aboriginal person of Canada?

Yes No

- If Yes, please select the options that best describes your Aboriginal identity?

First Nation Metis Inuit Other

If First Nation, please provide your First Nation & Treaty Number for all household members

	First Nation	Treaty Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

4. Residency History & References

4a Please provide information on your **last three landlords**

Rental Address (street, city)	From date Mm/dd/yy	To date Mm/dd/yy	Landlord Name	Phone	Reason for leaving
1.					
2.					
3.					

Please provide references from the Landlords listed above. If you are unable to obtain a reference, please provide an explanation as to why you are unable.

4b Have any adults (age 19 or older) listed on this application lived with you for less than two years?

Yes No If Yes, please list their name and landlord information for their last 3 landlords.

Rental Address (street, city)	From date Mm/dd/yy	To date Mm/dd/yy	Landlord Name	Phone	Reason for leaving
1.					
2.					
3.					

4c Have you or any members of your household ever lived in subsidized housing?

Yes No If Yes, please provide the following information for all previous subsidized housing.

Name on Tenancy	Name & Address of Development	Reason for leaving	Money Owing? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____

For help with this application please contact the office 721-2909 or 1-866-721-2911 Page 3

If there is money owing due to a past tenancy, complete the following:

How much is owing? _____ Is there a written repayment schedule in place? Yes ___ No ___

If Yes, please attach a copy of the repayment agreement

Reason for Debt please explain:

Note: failure to declare past subsidized housing or debts owed to subsidized housing providers may result in cancellation of your application.

5. Income and Asset Information

5a. Is anyone in the household receiving income assistance from the Ministry of Social Services? Yes ___ No ___

If Yes, please complete the table below for each person receiving assistance.

Name	Category: Single employable, single unemployable, foster Care, Person of Sufficient Interest (PSI), Transition to Employment (T.E.A), family or single assistance or with dependents
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

5b. For all other income sources, list gross monthly income(before deductions) for everyone age 19 and older

First Name	Income Source (employment, EI, Pension etc.	Gross Monthly Income (\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____

5c. For any adult (age 19 or older) with no income, please tell us why there is no income.

If any adult (age 19 or older) is a full-time student, attach proof of student status to application.

5d. List the current value of all assets held by you and members of the household.

Cash/bank balance	\$ _____	RRSPs/Annuities	\$ _____
Stocks/Bonds/Term Deposits	\$ _____	Residential Real Estate	\$ _____
Other Assets	\$ _____	Other Real Estate Holdings	\$ _____

Proof of Income and assets must be sent in with application. See enclosed checklist for details.

6. Current Accommodation

6a. Do you: Rent Own Shared expenses Other _____

6b. How much is your rent payment? \$ _____ Is this Nightly Weekly Monthly

6c. How many bedrooms does your household have? _____

6d. Please describe your current living arrangements

<input type="checkbox"/> House/Townhouse	<input type="checkbox"/> Apartment/Basement suite	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Second-state housing	<input type="checkbox"/> Trailer (in park with services)	<input type="checkbox"/> Transition House
<input type="checkbox"/> Housekeeping/Room & Board	<input type="checkbox"/> Living with family & friends	<input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Treatment Centre or care facility	<input type="checkbox"/> Other Describe: _____	

6e. Do you have a bathroom?

<input type="checkbox"/> Private	<input type="checkbox"/> Shared	<input type="checkbox"/> None
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6f. Do you have a kitchen?

<input type="checkbox"/> Private	<input type="checkbox"/> Shared	<input type="checkbox"/> None
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6g. Have you received a legal notice to end tenancy: Yes _____ No _____

If yes, what date do you have to move by: _____

Attach a copy of the notice to end tenancy to the application.

6h. If you are NOT under notice to move, please tell us why you want to move.

If you are homeless or fleeing domestic violence or abuse please ensure that you fill out the supplementary questions.

7. Health and Mobility Information

To assist with matching you to housing that best suits your needs, please complete the following questions. **If you do not have a health condition or disability go to Section 8.**

7a. Do you, or any members of your household, have restrictions with stairs?

No restrictions Cannot manage stairs Limited number of stairs (how many?) _____

7b. Do you, or any members of your household, use a:

Wheelchair? Yes ____ No ____ Scooter? Yes ____ No ____

If yes, who? _____

If a wheelchair is used, is it used inside your home? Yes ____ No ____

If yes, is it used in the kitchen: Yes ____ No ____

If yes, is it used in the bathrooms: Yes ____ No ____

7c. Can you and your household members access and function in all rooms in your current housing?

Yes ____ No ____

If no, please explain

7d. Other than mobility concerns, do you, or any members of your household, have a health condition or disability?

Yes ____ No ____

Name of household member

Explain the health condition or disability

How does the health condition or disability described above affect your ability to function in your current housing?

Please explain:

7e. Please describe any special requirements or features that you may need in your housing related to your mobility or health condition.

7f. Do you currently receive home support? Yes _____ No _____

Who are the agencies providing home support?

Agency Name	Worker	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Housing Preferences/Choices

More people apply for housing than we have units available; therefore, the wait can be extensive. To increase the chances of being offered a place to live, consider selecting in other communities. However please note, if you refuse a unit you will be placed on a minimum six month waiting period. If you refuse a second time your application will be cancelled and noted on System.

For that reason, you must be sure that you are prepared to live in any of the areas you have checked off.

Answers to the questions below will help Silver Sage Housing Corporation match you to suitable units.

Regina _____ Swift Current _____ Indian Head _____ Fort Qu'Appelle _____ Sinaluta _____

Option #1:

North Regina _____ South Regina _____ East Regina _____ West Regina _____ Central Regina _____

Option #2: I am willing to live in any units within Regina. _____

I require a ground floor unit: Yes _____ No _____

I will live in an apartment: Yes _____ No _____

8a. Do you currently have a pet? Yes _____ No _____

Please describe

Type	How Many	Willing to give up?			Breeds
Dog	_____	Yes _____	All but one _____	No _____	_____
Cat	_____	Yes _____	All but one _____	No _____	_____
Other	_____	Yes _____	All but one _____	No _____	_____

Section 9 --- Supplemental Information

9. Supplemental Information

The purpose of this section is to collect specific information from a third-party who can verify an applicant's current housing situation or health condition.

- Homeless
- Fleeing domestic violence or abuse
- Have a serious health condition that is affected by current housing.

Applicants who meet these criteria may wish to have this Supplemental Application Form completed by someone who can verify their situation. The person who fills out this form is called a "third-party verifier."

Step #1

Applicant completes and signs Part One. This provides authorization for the third-party verifier to complete the form.

Step #2

Forward this form to the person you have chosen to verify your current living circumstances.

If you wish to have more than one person provide information, you must have each person complete a separate form.

Part One – to be completed by the applicant

I, _____, am seeking special consideration of my application for housing because I or a member of my household:

Please check all that apply:

Is homeless

Is fleeing domestic violence or abuse

has a serious health condition and/or disability that is affected by our current housing

I consent to the person named below (my third-party verifier) providing information to Silver Sage Housing Corporation in support of my request for special consideration due to the circumstances indicated above.

Applicant's Signature: _____ Date: _____

Third-party Verifier's Name: _____

Organization: _____

Part Two – to be completed by the third-party verifier

Third-Party Verifier Information:

The applicant named in Part One has applied for housing that consists of unfurnished units in which tenants must be able to live and maintain a successful tenancy, either independently or with minimal support services that can be provided by community agencies.

The applicant is seeking special consideration for housing based on their current circumstances. The purpose of this form is to collect pertinent information from a person who can verify the applicant’s circumstances.

Who can be a third-party verifier?

A third-party verifier must be familiar with the applicant’s current housing circumstances and cannot be their applicant’s private market landlord or a relative of the applicant.

Below is a partial list of accepted third-party verifiers.

Homeless	Fleeing violence or abuse	Health Condition
Shelter or outreach Worker Health care professional Police officer	Transition House Worker Police Officer Social Worker	Health care professional Case Manager Social Worker

Please note:

Silver Sage Housing does not reimburse third-party verifiers for completing this form.

Section b: Homelessness

9b.1. When did the applicant last have stable housing?

9b.2. Why did the stable housing end?

9b.3. Please describe the barriers the applicant faces in their search for stable housing:

Section 9c: Domestic Violence or Abuse

9c.1. Who is experiencing the domestic violence/abuse?

9c.2. Who is the abuser?

9c.3. What is their relationship?

9c.4. If the abused pertains to children, have the appropriate authorities been contacted regarding the report of child abuse? Yes _____ No _____

9c.5. What steps has the applicant taken to permanently leave the abuser? For example: number of times leaving abuser, number of reports to police, protection order, restraining order, custody order etc. Please attach documentation, if any.

9c.6. Is the applicant still residing with the abuser? Yes _____ No _____

If Yes, what is the reason?

If No, how long have they lived apart?

Section 9d: Health Condition and/or Disability

9d.1. Briefly describe

Who is the household member?

What is the disability or health condition?

How long is it expected to continue?

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

9d.2. How does the health condition or disability described above affect their ability to function in their current housing?

9d.3. Does the applicant need to be near a specific facility to receive ongoing medical treatment (i.e.: kidney dialysis; HIV/AIDS treatment; cancer clinic) Yes _____ No _____

At what location is the medical treatment provided? _____

How frequently do they need to access the treatment (daily, weekly) ? _____

Can the applicant appropriately access the treatment from their current location or accommodation? Yes ___ No ___

If no, why not? _____

9d.4. Are there any other factors regarding the applicant's health or disability that should be taken into consideration? Yes _____ No _____

If yes please explain:

9d.5. Please describe any special requirements or features that the applicant may need in their housing?

Section 9e: Third-Party Verifier's Statement

Please complete and sign the following statement

I am not a relative or landlord of the applicant and I have known him/her in my capacity as a

_____ for _____ day/months/years.

I declare that, to the best of my knowledge, the information I have provided on this form is accurate and complete.

I will assist by providing further information in order that the applicant's request for special consideration for housing can be reviewed.

I understand that by filing in this form the applicant's application will be given special consideration for housing that is gear-to-income.

Name (please print)	Position	Agency
_____	_____	_____

Address	Telephone
_____	_____

E-Mail	Date
_____	_____

Signature: _____

Application Form Check List

Important!

Please review this checklist and make sure that, when this application is sent in, all documents are included.

Missing information will slow down the processing of your application.

Identification and proof of Treaty Status for all household members.

- Copy of Treaty Status for all family members
- Proof of current address & rent
- Copy of current rent receipt or recent rent increase notice
- Copy of lease or tenancy agreement showing current rent amount
- Proof of income and assets
- If receiving income assistance, a copy of cheque stub or confirmation of monthly assistance
- If employed: proof of current gross monthly income (last three consecutive cheque stubs or letter from employer)
- Copies of cheque stubs, bank statement showing direct deposit of pensions, or other confirmation of income for any other income source.
- Copies of bank statements or letter from financial institution stating total value of asset(s).
- Property tax assessments for value of property owned and proof of outstanding mortgage(s) if you own property.
- Proof of student status for adults age 19 or older who are full-time students
- Where money is owed for previous rental housing, a copy of any repayment agreement you have with your past landlord.
- Copy of Notice to End Tenancy
- Three Landlord References: One from your current and two from your previous.

Submit your completed application with supporting documents to:

109-4001 3rd Avenue N , Regina, Sk. S4R 0W8

Or you may fax it to:

306-545-9780

Housing Applicant Satisfaction Survey

We would like you input about the information you received to apply for housing. Your comments will help Silver Sage Housing Corporation with our continued efforts to meet the needs of housing applicants and strengthen the services that we deliver.

1. Overall, how would you rate your satisfaction with the information received when you were applying for housing?
2. Was the application form clear and easy to complete?
3. If the application package was picked up in person, or requested by phone, how would you rate the knowledge and helpfulness of the staff that assisted you?
4. Do you have any suggestions for how we may meet the needs of housing applicants and strengthen the services that we deliver?
5. How did you obtain the information that you needed

Thank you for taking the time to respond to this survey. Your response will help us to strengthen our service to housing applicants. Please be assured that all your answers are confidential.
