

The Battlefords Housing Authority
831 104th Street
North Battleford, SK S9A 4B2
Phone: 306-445-4393 Fax: 306-446-1277
Email: battlefords@housingauthoritiesk.com

SOCIAL HOUSING PROGRAM APPLICATION GUIDE FAMILIES, SINGLES, COUPLES AND PERSONS WITH DISABILITIES

Thank you for your interest in applying for the **Family Social Housing Program**, a subsidized housing program for low income persons with dependents and those with cognitive and physical disabilities.

To be eligible for this program your income must be below the following limits:

Income Limit by Family Size	Max. Annual Income
Families with no dependents	\$38,000/ yr
Families with one dependent	\$47,500 / yr
Families with two or three dependents	\$57,000/ yr
Families with four or more dependents	\$67,000 / yr

Asset Limit	\$50,000
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**ALL SHC
PROPERTIES ARE
NO SMOKING
EFFECTIVE
AUGUST 1, 2018**



INCOME DOCUMENTS ARE REQUIRED IN ORDER TO DETERMINE YOUR ELIGIBILITY.

1. Gather the required documentation listed below.
2. Bring what you have and ***come into our office*** to schedule an appointment.
3. During that scheduled appointment we will fill out the application form with you.
4. **You MUST have ALL information for your appointment.**

➤ *If anything is missing we will need to reschedule once you have all required information.*

INCOME VERIFICATION:

- **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 1-800-267-6999*** and request an **Option C – Proof of Income Statement**.
- **EMPLOYMENT VERIFICATION:** 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.***
- **EMPLOYMENT INSURANCE:** weekly earnings and number of weeks of entitlement (see sample printout).
- **INCOME ASSISTANCE (SIS, SAID, 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 Direct Deposit we also 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:

Please provide two (2) mandatory rental references, including current and previous rental addresses, # of years rented, landlord names and telephone numbers/addresses. Please see form in this guide.

Following your application appointment, your application will be processed and you will be contacted regarding your eligibility for the Social Housing Program.

****Due to the volume of inquiries we are unable to provide status updates.****

Applications with rental reference are processed by Management weekly.

In the meantime, if your situation or contact information has changed please contact our office at 306-445-4393.

FAMILY SOCIAL HOUSING UNITS

- *Rent = 30% of gross monthly household income (some inclusions & exclusions apply)*
- *Minimum rent that can be charged is \$326 per month*
- *All units have a fridge & stove*
- *Houses: Tenant pays all utilities (heating allowance may apply)*
- *Security Deposit of \$326*
- *NO PETS*
- *NO SMOKING: All family units are smoke-free (no smoking or vaping except in designated outdoor smoking areas.*

SAMPLE INCOME VERIFICATIONS

Example of EI online report:

My Current Claim

Don't forget to

[Log out](#)

before leaving the site

<u>Start Date of Claim:</u>	April 26, 2015
<u>Waiting Period:</u>	April 26, 2015 to May 09, 2015
<u>Type of Benefit:</u>	Regular benefits
<u>Total Insurable Earnings:</u>	\$13,327
<u>Benefit Rate:</u>	\$524
<u>Federal Tax:</u>	\$10
<u>Total Insurable Hours:</u>	1820
<u>Total Weeks of Regular Entitlement:</u>	45
<u>Weeks of Regular Benefits Paid:</u>	15
<u>Total Weeks Paid:</u>	15
<u>Return to Work:</u>	August 17, 2015
<u>End Date of Claim:</u>	April 23, 2016 [1]
<u>Last Report Processed:</u>	August 16, 2015 to August 29, 2015

Samples of Forms Required – Income Tax T1 General

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: _____
City: _____ Prov./Terr.: _____ Postal code: _____

Information about you
Enter your social insurance number (SIN): _____
Enter your date of birth: _____
Your language of correspondence: English ☐ French ☐
Tick the box that applies to your marital status as of December 31, 2010:
☐ Married ☐ Living common-law ☐ Widowed ☐ Divorced ☐ Separated ☐ Single

Information about your spouse or common-law partner (see the guide for more information)
Enter your spouse's or common-law partner's SIN: _____
Enter your spouse's or common-law partner's date of birth: _____
Enter your spouse's or common-law partner's language of correspondence: English ☐ French ☐
Enter your spouse's or common-law partner's marital status as of December 31, 2010:
☐ Married ☐ Living common-law ☐ Widowed ☐ Divorced ☐ Separated ☐ Single

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: _____
If you became or ceased to be a resident of Canada in 2010, enter the date: _____
If this return is for a deceased person, enter the date of death: _____
Do not use this area.

Elect to be on the Canada Elections Act
A) Are you a Canadian citizen? Yes ☐ No ☐
B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and other information to Elections Canada to update the National Register of Electors? Yes ☐ No ☐
Your authorization is valid until the next return. Your information will only be used for purposes permitted under the Canada Elections Act which includes sharing the information with provincial/territorial election agencies, Members of Parliament and registered political parties, as well as candidates at election time.

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
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 T4A(OAS) slip or the applicable amount on your NR4-OAS slip)	113 +
CPP or QPP benefits (box 20 on the T4A(P) slip or the applicable amount on your NR4 slip)	114 +
Disability benefits included on line 114 (box 15 on the T4A(P) slip or the applicable amount on your NR4 slip)	115 +
Other pensions and superannuation	116 +
Elected split-pension amount (attach Form T1032)	117 +
Universal child care benefit (UCCB)	185
UCCB amount designated to a dependent	119 +
Employment insurance and other benefits (box 14 on the T4E slip or the applicable amount on your NR4 slip)	120 +
Taxable amount of dividends (eligible and other than eligible dividends from taxable Canadian corporations (attach Schedule 4))	121 +
Taxable amount of dividends other than eligible dividends included on line 120, from taxable Canadian corporations (attach Schedule 4)	122 +
Interest and other investment income (attach Schedule 4)	123 +
Net partnership income: limited or non-active partner	124 +
Registered disability savings plan income	125 +
Rental income	Net 126 +
Taxable capital gains (attach Schedule 4)	127 +
Support payments received	Taxable amount 128 +
RRSP income (from all T4RSP slips or the applicable amount on your NR4 slip)	129 +
Other income. Specify: _____	130 +
Self-employment income	Net 135 +
Business income	Gross 162
Professional income	Gross 164
Commission income	Gross 166
Farming income	Gross 168
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

NOTICE OF ASSESSMENT
T451 E (00)

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

Summary

Line	Description	Amount
150	Total Income	00,000
236	Deductions from total income	000
260	Net Income	00,000
260	Taxable Income	00,000
420	Total Ontario non-refundable tax credits	000
428	Net Ontario tax	0,000.00
435	Total payable	0,000.00
437	Total income tax deducted	0,000.00
448	CPP Overpayment	000
482	Total Credits	0,000.00
	(Total payable minus total credits)	(000.00)
	Balance from this assessment	CR 000.00
	Direct deposit	CR 000.00

2008 RRSP Deduction Limit Statement

The total of this notice cannot be more than zero. Amounts marked with an asterisk (*) cannot be less than zero.

RRSP deduction limit for 2007	\$0,000
Minus: Allowable RRSP contributions deducted in 2007	\$0,000
Unused RRSP deduction limit at the end of 2007	\$0,000
Plus: 10% of 2007 earned income of \$0,000 = (max. \$19,000)	\$0,000
Minus: 2008 pension adjustment	\$0,000
Minus: 2008 net past service pension adjustment	\$0,000
Plus: 2008 pension adjustment reversal	\$0,000
Your RRSP deduction limit for 2008	\$0,000 (A)

You have \$0 (B) 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.

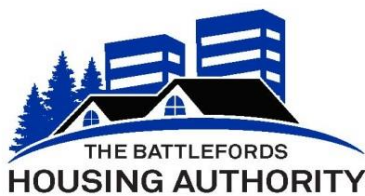
NOTICE OF ASSESSMENT
T451 E (00)

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

Summary

Line	Description	Amount
150	Total income	23,575
236	Deductions from total income	3,500
260	Net income	20,075
260	Taxable income	20,075
420	Total federal non-refundable tax credits	3,644
428	Net federal tax	0.00
435	Total payable	4.51
437	Total income tax deducted	1,980.86
448	Working income tax benefit	1,292.07
482	Total credits	3,272.93
	(Total payable minus total credits)	3,268.42
	Balance from this assessment	CR 3,268.42
	Direct deposit	CR 3,268.42

SAMPLE



The Battlefords Housing Authority
#102 - 1191 - 99th Street
North Battleford, SK S9A 3V8
Phone: 306-445-4393 Fax: 306-446-1277
Email: battlefords@housingauthoritiesk.com

INCOME VERIFICATION FORM

CONFIDENTIAL

This tenant is applying for occupancy of a dwelling unit under the management of the Battlefords Housing Authority. In accordance with the requirements for public housing, the income of all applicants must be verified.

The applicant has authorized the securing of this information (see below) and has provided your name as an employer. It would be appreciated if you would supply the information indicated below to support the application. Thank you for your co-operation and support of this application.

-TO BE COMPLETED BY EMPLOYER ONLY-

Please supply the GROSS MONTHLY INCOME for the following time period:

____ / ____ to ____ / ____
Month Year Month Year

Indicate Pay Period Type: Weekly Bi-Weekly Monthly					
	Month	Gross Amount (\$)		Month	Gross Amount (\$)
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

- Please put asterisk (*) beside any month where there were 3 pay periods
- If no income was earned in one or any of these months please print "NO INCOME" for that month

Completed by (Paymaster): _____ Completed on: ____ / ____ / ____
PLEASE PRINT MM DD YY

Paymaster Signature: _____ **NOTE: It is Fraudulent to make a False Declaration.**

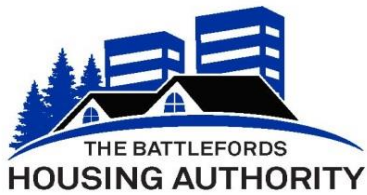
Name of Firm: _____ Address: _____

City: _____ Phone Number: _____ Fax Number: _____

TENANT AUTHORIZATION TO RELEASE INFORMATION

Employee Name: _____ Employee Signature: _____
PLEASE PRINT

Address: _____ Phone Number: _____



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Phone: 306-445-4393 Fax: 306-446-1277
Email: battlefords@housingauthoritiesk.com

REFERENCE AND TENANCY HISTORY DATE: _____

NAME: _____ RENTAL ADDRESS: _____

The above applicant has applied for housing with The Battlefords Housing Authority. As part of the application process a landlord reference is required. Please complete the following form and return it to applicant. The Battlefords Housing Authority reserves the right to contact the landlord to verify all information is true and correct.

I hereby authorize _____ to disclose information regarding my tenancy at the above address to The Battlefords Housing Authority.

Name

Date

Signature

TO BE COMPLETED BY THE LANDLORD

Tenancy from _____ to _____

Monthly Rent Payable: _____

Utilities included with Rent:

- ☐ Energy
- ☐ Water
- ☐ Power

Rental Payments:

- ☐ Pays consistently on or before the 1st of month
- ☐ Pays usually on or before the 1st of the month
- ☐ Pays usually on or before the 5th of the month
- ☐ Pays usually before the 15th of the month
- ☐ Pays balance of rent by the 20th of month
- ☐ Always Late
- ☐ Other _____
- ☐ Tenant calls to make/discuss payment arrangements when necessary

of late rent notices on file: _____

of evictions due to Non Payment of Rent: _____

Arrears outstanding to date: _____

(OVER)

Unit Maintenance

- ☐ **Excellent**
- ☐ **Good**
- ☐ **Fair**
- ☐ **Poor**
- ☐ **Unknown/not noted in file**

Yard Maintenance

- ☐ **Good**
- ☐ **Poor**
- ☐ **Not Applicable**

Complaints/Tenancy Problems

- ☐ **Have bed bugs currently - Yes or No Have had bed bugs in the past - Yes or No**
- ☐ **Pet on premises when not allowed**
- ☐ **Others living in the unit when not on the Lease Agreement**
- ☐ **Noise/Disturbance/Illegal Activity _____ # of Complaints _____**
- ☐ **Unit kept in poor condition and/or damages done to unit**
- ☐ **Other _____**

Gave proper notice?

- ☐ **Yes**
- ☐ **No**

Balance owing upon Vacating:

Rent Outstanding: _____ **Damages:** _____ **Cleaning:** _____

General Comments:**Security Deposit:**

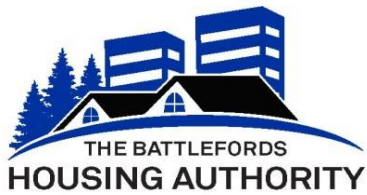
- ☐ **Was returned in full**
- ☐ **Partially returned: Explain: _____**
- ☐ **Not returned**

Stamp of Rental Agency (if applicable)

Name

Signature

Daytime Phone #



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