

1802 ALEXANDRA AVE.
 SASKATOON, SK S7K 8A6
 PH: 664-0377
 Fax: 664-0382



DATE: _____

Luther Family Housing Rental Application

Note: Luther Family Housing is a 30 unit, townhouse style facility located on Heritage Way. The townhouses are 3 bedroom, government subsidized rental units. We currently have no vacancies however a waiting list has been established with priority given to households with lower incomes and/or have a current residence which is inadequate or unsuitable. Tenants of Luther Family Housing pay a monthly rent based on a percentage of their gross household income. Please note that we have a “NO PET” policy.

A. APPLICANT DETAILS			
NAME(s):		PHONE:	
ADDRESS:		POSTAL CODE:	
MARITAL STATUS:		PHONE:	
DATE OF BIRTH (self):		DATE OF BIRTH (spouse if applicable):	
Are you in Canada on a Student Visa or as a Visitor:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. HOUSEHOLD DETAILS (fill in details of all persons, including yourself, who will be living with you)		
NAME	DATE OF BIRTH	RELATIONSHIP
Is a baby expected?		
List the number of children in need of daycare:		
Describe any physical disabilities of health problems of any household member:		

C. PRESENT LIVING ACCOMMODATION

I/WE	OWN <input type="checkbox"/> RENT <input type="checkbox"/>	I/WE LIVE IN A	HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/>	NUMBER OF BEDROOMS IN PRESENT ACCOMMODATION:
		OTHER: _____		

Do any of your family members share a bedroom? If so, which members are sharing a room?

Why do you wish to leave your present accommodation? (use page 5 if more space is needed)

D. MONTHLY PAYMENTS FOR PRESENT DWELLING**1. COMPLETE THIS SECTION ONLY IF YOU RENT YOUR PRESENT DWELLING**

a)	Monthly rent:	\$
b)	Total monthly cost of heat, water and electricity <u>if not</u> included in rent:	\$
c)	Total payments (add a + b):	\$

How long have you lived at this dwelling?

Name & Phone number of current Landlord:

Name & Phone number of previous landlord:

Have you ever lived in Public Housing in Saskatchewan?

If yes, when? (move in and move out date):

Which municipality?

2. COMPLETE THIS SECTION ONLY IF YOU OWN YOUR PRESENT DWELLING

a)	Monthly mortgage payments, if any:	\$
b)	Monthly tax payments, <u>if not</u> included in mortgage payments:	\$
c)	Total monthly cost of heat, water and electricity:	\$
d)	Total payments (add a + b + c):	\$

NOTES:

E. INCOME DECLARATION Please enclose verification of all sources of income (i.e. cheque stubs, etc).

MONTHLY INCOME SOURCE	APPLICANT'S INCOME	SPOUSE'S INCOME
1. Employment (gross)		
2. Employment Insurance		
3. Student Loans / Grants / Bursaries		
4. Social Assistance		
5. Provincial Training Allowance		
6. Transitional Employment Assistance		
7. Saskatchewan Rental Housing Supplement		
8. Child Support		
9. Other (describe)		
TOTALS:		
TOTAL COMBINED:		

Complete this section if you are employed.:

SELF		SPOUSE	
Employer:		Employer:	
Start Date:		Start Date:	
Hours Per Week:		Hours Per Week:	
Rate of Pay:		Rate of Pay:	
Employer:		Employer:	
Start Date:		Start Date:	
Hours Per Week:		Hours Per Week:	
Rate of Pay:		Rate of Pay:	
Employer:		Employer:	
Start Date:		Start Date:	
Hours Per Week:		Hours Per Week:	
Rate of Pay:		Rate of Pay:	

F. TAX RETURN

We require a complete copy of your most recent tax return (self & spouse) up to and including line 150 showing all sources of income. We cannot process your application without this.

NOTES:

G. CURRENT LIVING ACCOMMODATIONS

I / WE ARE CURRENTLY:

- Homeless or at immediate risk of homelessness (i.e. living on the street, motel, shelter, or temporarily staying with friends or family)
- Living in a home that I/we own
- Living in a home that I/we rent
- Other (describe):

CHECK ALL THAT APPLY:

- I am having financial hardship because of a household member's poor health.
- A household member has a medical issue that would improve if we had a different home.
- A household member finds it difficult to cope because of our current home.
- A household member has a wheelchair or impaired mobility and our current home is not accessible and cannot be modified.
- My family is separated or at risk of being separated because our current home isn't big enough.
- We need to move because of stress or conflict between current household members.
- I have received a notice of eviction without cause.
- We have poor access to work/services/school/childcare because of limited or no access to transportation.

OUR CURRENT HOME HAS (check all that apply):

- Outside doors that don't close and/or lock.
- A roof and/or windows that leak when it rains.
- Bedroom windows that don't open.
- Exposed electrical wires.
- A kitchen and/or bathroom that doesn't have hot and cold running water.
- A toilet that doesn't work.
- A furnace that can't keep our home warm (21° C)
- Persistent problems with insects or rodents.
- A foundation that is caving in.
- Doors, windows, stairs, etc. that are not safe.
- Hazards identified by a municipal building inspection, fire department, or health organization.
- Environmental issues or pollution.
- Other: _____
- Other: _____

NOTES:

J. FURTHER DETAILS WHICH MIGHT HELP CONSIDERATION OF YOUR APPLICATION

I declare the above information to be complete and correct. I understand that this application does not constitute an agreement by LutherCare Communities or its representatives to provide me with accommodation.

I hereby authorize LutherCare Communities to investigate any or all of the statements made herein, being fully aware that discovery of any false statement may cancel any further consideration of my application or, if I have been placed in a rental unit, I may be required to vacate.

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

THIS APPLICATION IS VALID FOR 12 MONTHS FROM DATE OF APPLICATION.

DATE: _____

SIGNATURE(S): _____