

Trinity Tower  
737 Second Street  
Estevan, SK S4A 2S4



## **Trinity Tower Rental Application**

Trinity Tower's rental units are part of Saskatchewan Housing Corporation's (SHC) social housing program and are sponsored by LutherCare Communities. Social Housing is intended for low to moderate income households and tenants are provided with rent that is geared to their household income.

You are eligible for a Trinity Tower rental unit if:

- You are at least 60 years of age
- Your household's income is at or below the limits established by Saskatchewan Housing Corporation (SHC) from time to time,
- You are able to live independently either alone or with supports,
- You have good rental references from landlords

The attached application has been provided to LutherCare Communities by SHC and ALL of the information requested in the application is required in order for us to properly determine your eligibility for the rental units at Trinity Tower. Please ensure it is filled out completely prior to submitting it to us. Once your application has been assessed, you will receive a letter from us stating the status of your application.

Please keep us informed of changes to the information provided in this application. You may need to provide additional information to confirm you are still eligible for the program when a unit becomes available.

### CONTACT INFORMATION

1. Applicant's name: \_\_\_\_\_  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

2. Date of birth: (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_\_ 3. Social Insurance Number: \_\_\_\_\_

4. Home Address: \_\_\_\_\_  
 Number/street \_\_\_\_\_ Box number \_\_\_\_\_ City/town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

5. Phone number during the day: \_\_\_\_\_ 6. Email: \_\_\_\_\_

7. Is there a co-applicant? (If no, skip numbers 8 to 10, and go to Part A.)  Yes  No

8. Co-Applicant's name: \_\_\_\_\_  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

9. Relationship to applicant: \_\_\_\_\_

10. Date of birth: (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_\_ 11. Social Insurance Number: \_\_\_\_\_

### PART A – ELIGIBILITY

1. Are you in Canada on a student visa or as a visitor?  Yes  No

2. Complete the table for each household member except yourself (applicant) and the co-applicant (if applicable).

Last Name	First Name	Relationship to Applicant	Date of Birth (MM/DD/YYYY)

3. I have my child(ren) (check the one that applies):  All the time  Most of the time  Sometimes  Never

4. If anyone in your household has a permanent disability that has a housing-related impact, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. To allow us to determine your income, **attach all income information for each household member 18 or older, except dependants 25 or younger who are fulltime students, and check what is attached.**

- Most recent T1 General – Income Tax and Benefit Return up to and including line 150.
- Current "Option C" printout from Canada Revenue Agency showing all income sources.
- Pay stub if income has changed since filing the most recent T1 General or if no T1 General was filed.
- Proof of non-taxable income from the past year (e.g. income earned on reserve, child support payments, War Veterans Allowance, forgivable student loans, student grants and bursaries, band funding, etc.)

6. Provide your household's current total gross monthly income: \$ \_\_\_\_\_

7. Complete the information below so that we are able to contact your rental references.

a. Applicant's current landlord (if you are currently renting):  
 Agency name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

b. Applicant's previous landlord (if you rented in the past):  
 Agency name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Rental address: \_\_\_\_\_ City/town: \_\_\_\_\_  
 Tenancy start (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_ Tenancy end (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

c. Have you ever rented from a housing authority in Saskatchewan?  Yes  No  
 If yes, which one? \_\_\_\_\_ Rental address: \_\_\_\_\_  
 City/town: \_\_\_\_\_ Do you owe money to a housing authority or SHC?  Yes  No

d. If there is a co-applicant, do they have the same rental references? (If yes, go to Part B)  Yes  No

e. Co-applicant's current landlord (if you are currently renting):  
 Agency name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

f. Co-applicant's previous landlord (if you rented in the past):  
 Agency name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Rental address: \_\_\_\_\_ City/town: \_\_\_\_\_  
 Tenancy start (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_ Tenancy end (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

g. Have you ever rented from a housing authority in Saskatchewan?  Yes  No  
 If yes, which one? \_\_\_\_\_ Rental address: \_\_\_\_\_  
 City/town: \_\_\_\_\_ Do you owe money to a housing authority or SHC?  Yes  No

### PART B – ASSESSMENT FOR PRIORITY

The housing authority selects households with the greatest housing need. If you meet the requirements in Part A, the housing authority will use Part B to assess your level of need for housing.

1. I am/we are currently (check the one that applies):  
 Homeless or at immediate risk of homelessness (i.e. living on the street, in a vehicle, motel, hostel, or shelter, or temporarily living with family or friends).  
 Living in a home that I/we rent.  
 Living in a home that I/we own.  
 Other: \_\_\_\_\_

2. My/our current home has (check all that apply):

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

3. Check all that apply: <input type="checkbox"/> I am having financial hardship because of my/a household member's poor health. <input type="checkbox"/> I have/a household member has a medical issue that would improve if I/we had a different home. <input type="checkbox"/> I find/a household member finds it difficult to cope because of my/our current home.
4. Check all that apply: <input type="checkbox"/> I have/a household member has a wheelchair or impaired mobility and my/our current home is not accessible and cannot be modified. <input type="checkbox"/> I have/a household member has a mobility issue that requires modifications (e.g. grab bars) and my/our current home does not have these modifications and cannot be modified.
5. How many of the following are in your current home? Bedrooms _____ Adults _____ Children _____
6. Check all that apply: <input type="checkbox"/> My family is separated or at risk of being separated because our current home isn't big enough. <input type="checkbox"/> I need to move because of stress or conflict between current household members. <input type="checkbox"/> I have received a notice of eviction without cause. <input type="checkbox"/> I/we have poor access to work/services/school/childcare because of limited/no access to transportation.
7. I receive/a household member receives income from the Social Assistance Program, Saskatchewan Assured Income for Disabilities, Transitional Employment Assistance, or Provincial Training Assistance and my household's current total gross monthly income from other sources is less than \$1,300. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. My household receives \$ _____ (total monthly amount) for the Saskatchewan Rental Housing Supplement.
9. My household's total monthly shelter costs (i.e. mortgage payment, property tax, insurance, rent, and heat) are \$ _____.

**PART C: OTHER**

The housing authority will consider your answers in Part C along with other information to identify an appropriate housing unit for your household.

1. Do you require parking? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you own pets, indicate number and type:
3. If you expect your household to increase (e.g. a new baby), when (MM/DD/YYYY)? ____/____/____
4. How many bedrooms does your household require?
5. Provide your preferred location to live in social housing:

**I acknowledge that I have read the declaration and consent on the reverse of this form and agree to its terms.**

Signature of applicant: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of co-applicant: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

## DECLARATION AND CONSENT

I declare that all of the facts given by me in this application are true and complete. I understand that if any fact is found to be false, my application will not be considered or, if I have been placed in a rental unit, I may be required to vacate.

I understand this application does not obligate the housing sponsor or SHC to provide me with a housing program benefit.

I give my consent to the housing sponsor and SHC to collect, use, and disclose any of the facts given by me in Part A of this application form for any of the following reasons:

- To determine if I am eligible for housing under the Social Housing Program.
- To make inquiries to my previous landlords or respond to inquiries from my future landlords regarding my tenant history.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.
- To collect rent arrears or any other amount owing by me to SHC.

I give my consent to the housing sponsor and SHC to collect, use, and disclose any of the facts given by me in Part B of this application form for any of the following reasons:

- To assess and prioritize my need for housing.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.

I give my consent to the housing sponsor and SHC to collect, use, and disclose any of the facts given by me in Part C of this application form for any of the following reasons:

- To consider my preferences for housing.
- To SHC and Canada Mortgage and Housing Corporation for audit and evaluation purposes to assess the effectiveness of the Social Housing Program.

I understand that the facts given by me in this application form will be collected, used, kept and disposed of as required by law.