



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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FAMILY HOUSING APPLICATION

All families may apply for Family Housing. Preference will be given to households with lower incomes and/or those that have a current residence which is inadequate or unsuitable. Tenants living in Family 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 their rent charged prior to the annual review if their incomes are 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

FAMILY HOUSING APPLICATION

Name: _____
Last
First
Middle Initial

Are you a Canadian Citizen? Yes No Do you require a wheelchair-accessible unit? Yes No

Are you of aboriginal ancestry? Yes No Preferred Location: _____

Address: _____ City/Town: _____ Postal Code: _____

Telephone:(H) _____ (B) _____ Marital Status: _____ Sex: _____

Birthdate: _____ Number of bedrooms in current accommodation: _____
day month year

Have you been provided with a notice to vacate? Yes No, if yes please indicate the date: _____

Do you require parking? Yes No How many bedrooms do you require: _____

What is your occupation? _____ Preferred occupancy date: _____

Social Insurance Number: _____

FINANCIAL INFORMATION

	Applicant	Co-Habitant	Other
Gross Earned Income			
Social Assistance			
Training Allowance			
Unemployment Insurance			
Worker's Compensation			
Other Sources:			

Total Monthly Income			

BANKING

Name of Bank, Credit Union, or Trust Company

Name: _____ Branch: _____

Name _____ Branch: _____

PRESENT LIVING ACCOMMODATIONS

Rent Own Other, please explain

Furnished Yes No

SHELTER COSTS

Gas _____

Rent/Mortgage payment _____
 per month

Water/Sewer _____
 Insurance _____

TOTAL SHELTER _____

Please explain your reasons for wanting to leave your present accommodation:

Name of **present** Landlord: _____

Address: _____

City/Province: _____

Telephone: _____

Date Tenancy Started: _____

Name of **previous** Landlord: _____

Address: _____

City/Province: _____

Telephone: _____

Date Tenancy Started: _____

Date Vacated: _____

ASSETS (read, complete & include new Asset Declaration Form, available on the website)

Include all assets owned by household members

ASSETS	\$ AMOUNTS
Real Estate (house)	
Farm of commercial property	
Cash and Bank Deposits	
Bonds and Securities	
Vehicles	
Year/Make: _____	
Year/Make: _____	
Recreational Vehicles	
Other	
TOTAL ASSETS	

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? _____

OTHER MEMBERS OF HOUSEHOLD

NAME Surname	First	Relationship to Head of Household	Marital Status	Business Phone	Sex	Birthdate	Occupation

NEXT OF KIN (to be notified in case of illness)

Name: _____ Relationship: _____

Address: _____ City/Province: _____ Postal Code: _____

Telephone:(H) _____ (B) _____

Do you have relatives working with the MJHA? Yes No

EMPLOYERS

APPLICANT

Present Employer: _____

Address: _____

City/Prov. _____ Postal Code: _____

From: _____ To: _____

Previous Employer: _____

Address: _____

City/Prov. _____ Postal Code: _____

Telephone: _____

From: _____ To: _____

CO-HABITANT

Present Employer: _____

Address: _____

City/Prov. _____ Postal Code: _____

From: _____ To: _____

Previous Employer: _____

Address: _____

City/Prov. _____ Postal Code: _____

Telephone: _____

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 Employment 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.
- d) Provide a copy of your current income tax form that has been submitted to Revenue Canada.

ASSET DECLARATION

- a) Read, complete & include new Asset Declaration Form, available on the website**

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.