

YORKTON HOUSING CORPORATION

145 Jubilee Crescent - Yorkton, Saskatchewan - S3N 0T4

Website: yorktonhousingcorporation.ca

Phone: 306-783-0350

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	APPLICANT	CO-APPLICANT
Last Name		
First Name		
Birth Date (m/d/y)		
Home Address		
City & Postal Code		
Home Phone Number		
Cell Phone Number		
Email Address		

NEXT OF KIN - Name	
Relationship to Applicant	
Address	
City & Postal Code	
Home Phone Number	
Cell Phone Number	
Email Address	

MY HOUSEHOLD'S TOTAL MONTHLY SHELTER COSTS ARE:	
Rent/Mortgage Payment	Monthly:
Property Taxes	Monthly:
Insurance	Monthly:
Heat (DO NOT include power or water)	Monthly:
	TOTAL MONTHLY:

To allow the Yorkton Housing Corporation to determine your income, please attach the following income information:

1. Most recent Income Tax Return (T1 General) up to and including Line 15000 (Total Income)
2. Most recent Notice of Assessment (T451) from the Canada Revenue Agency
3. If above not available, printout from Canada Revenue Agency showing all income sources - available by calling 1-800-959-8281
4. Pay stubs from the most recent three months of work
5. Proof of non-taxable income from the past year (e.g.: War Veterans Allowance, income earned on reserve, First Nations funding, student grants & bursaries, child support payments)

PART B - ASSESSMENT FOR PRIORITY BASED ON NEED

The Yorkton Housing Corporation (YHC) selects households with the greatest housing need. If you meet our housing requirements, YHC will use Part B to assess your level of need for housing.

1. How many of the following are in your current home:

Bedrooms: _____ Adults: _____ Children: _____

2. I am/We are currently (check the one that applies):

Homeless or at immediate risk of homelessness (example: living on the street, in a vehicle, motel, hostel, shelter, or temporarily with family or friends) - must be able to live independently - Explain:

Living in a home that I/we rent

Living in a home that I/we own

Other, please explain:

3. My/Our current home has (please check all that apply):

Outside doors that don't close and/or lock

A roof and/or windows that leak when it rains

At least one bedroom does not have a window that allows for emergency evacuation

Exposed electrical wires

Kitchen and/or bathroom does not have hot and cold running water

No working toilet

Furnace cannot keep the inside temperature to 21 degrees C or 70 degrees F in the winter

Persistent problems with insects or rodents

Foundation caving in

Doors, windows, stairs or fixtures are not safe

Hazards identified by a municipal building inspection, fire department or health organization

Environmental issues or pollution

Other (please explain)

4. Check all that apply (attach extra documentation if needed):

Financial hardship resulting from poor health (costs for medical care, equipment or travel costs not covered by any medical plan) - Explain

Medical issue aggravated by current accommodation which would improve with a different home - Explain:

Difficulty coping - isolation, loneliness or compatibility - Explain:

5. Check all that apply (attach extra documentation, if needed):

Home is not accessible for a wheelchair, impaired mobility or home cannot be modified to allow access - Explain:

Absence of disability-related modification or features to aid those with impaired mobility (e.g.. grab bars, visual aids, etc.) and cannot be modified - Explain:

PART C - REFERENCE AND TENANCY HISTORY

1. Applicant's current landlord (if you are currently renting)

Rental Agency/Landlord's Name	
Phone Number	
Fax Number	
Cell Number	
Tenancy Start (month/day/year)	
Tenancy End (month/day/year)	

2. Applicant's previous landlord (if you have rented in the past)

Rental Agency/Landlord's Name	
Phone Number	
Fax Number	
Cell Number	
Tenancy Start (month/day/year)	
Tenancy End (month/day/year)	

HAVE YOU HAD BEDBUGS IN THE PAST 12 MONTHS? YES NO

Please specify if infestation has been treated, when and by whom:

DO YOU REQUIRE PARKING? YES NO

DO YOU SMOKE? YES NO

PLEASE PLACE A CHECK MARK BY THE AREA(S) YOU ARE APPLYING FOR - REFER TO HANDOUT/OFFICE FOR MAXIMUM INCOME LIMITS (MILs)

JUBILEE CRESCENT - ONE BEDROOM DUPLEX - Low income housing for seniors 60+ who qualify under the MILs - 580 sqft - built in 1957 - includes all utilities - \$125.00 damage deposit - applicant is point rated according to their need, with preference given to those with lower income or living at risk

INDEPENDENT MANOR - ONE BEDROOM SUITE - Affordable Housing offered to seniors 60+ who qualify under the Maximum Income Limits (MILs) - 600 square feet - built in 1989 - heat and water included, tenant is responsible for power - \$125 damage deposit - approved applicant is point rated according to their need, with preference given to those with lower income and those living at risk

INDEPENDENT MANOR - TWO BEDROOM SUITE - Preference Given to Couples - Affordable Housing offered to senior couples 60+ who qualify under the Maximum Income Limits (MILs) - 700 square feet - built in 1989 - heat and water included, tenant is responsible for power - \$125 damage deposit required - approved applicants are point rated according to their need, with preference given to those with lower income and those living at risk

ALLAN BAY MANOR - ONE BEDROOM SUITE - Sask. Housing Affordable Housing offered to seniors 60+ who qualify under Saskatchewan Housing Income Maximums (SHIMs) - 625 square feet - built in 2013 - includes all utilities - \$125.00 damage deposit required - approved applicant is point rated according to their need, with preference given to those with lower income and those living at risk

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 Yorkton Housing Corporation (YHC) to provide me with a housing program benefit.

I give my consent to YHC to collect, use, and disclose of, any facts given by me in **Part A and Part B** of this application 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 (CMHC) 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 YHC

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

- To assess and prioritize my need for housing

I give my consent to YHC to collect, use, and disclose of, any of the facts given by me in **PART C** of this application for any of the following reasons:

- To consider my preferences for housing
- To check previous references

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

Signature of Applicant: _____

Date: (month/day/year): _____

Signature of Co-applicant: _____

Date: (month/day/year): _____