

## APPLICATION CHECKLIST



This is to advise that Northern Spruce Housing will NOT forward your application to the Selection Committee and will be considered incomplete, if the following is not supplied and/or included with the application form:

- A signed Income Verification Form from your employer or funding agency (attached)
- Present and previous landlord information as requested  
\*\*In the event that you have never lived in the city a Reference Letter from your respective Chief is required
- If you must move into the city due to medical reasons a letter from your doctor must be attached
- If you live in the city, an inspection of your current residence may be done by Northern Spruce Housing Staff and attached with your application form.

## Northern Spruce Housing Corporation

Office: 31 – 13<sup>th</sup> Street East

Mailing Address: Box 777  
Prince Albert, SK. S6V 5S2

Fax #: (306) 764-9222

Phone #: (306) 922-4122



# NORTHERN SPRUCE HOUSING

## APPLICATION FORM

**This application MUST be completed in its entirety. Any questions asked or information requested that does not apply to your situation must be marked N/A. Any areas left blank or questions not answered will cause this application to be considered incomplete and cannot be processed for housing.**

**Applicant** \_\_\_\_\_ Band \_\_\_\_\_ Treaty# \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Co-Applicant** \_\_\_\_\_ Band \_\_\_\_\_ Treaty# \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Present Monthly Rent \_\_\_\_\_

### 1. FAMILY COMPOSITION

Supply the information requested below for everyone living in the unit INCLUDING those listed above

NAME	AGE	DATE OF BIRTH	SEX	RELATIONSHIP	FUNDING

### 2. INCOME INFORMATION

Please provide all of the income requested below identifying ALL GROSS MONTHLY INCOME FROM ALL SOURCES

APPLICANT	AMOUNT	CO-APPLICANT	AMOUNT
Employment Income		Employment Income	
Employment Insurance		Employment Insurance	
Government Pensions		Government Pensions	
Student Funding/PTA/Loans		Student Funding/PTA/Loans	
Child Support/Maintenance		Child Support/Maintenance	
Social Services Assistance		Social Services Assistance	
Employment Supplements		Employment Supplements	
Supplements for Children		Supplements for Children	
Other Income		Other Income	

**NORTHERN SPRUCE HOUSING CORPORATION**  
**INCOME VERIFICATION FORM**

**APPLICANTS NAME:** \_\_\_\_\_

**APPLICANTS ADDRESS:** \_\_\_\_\_

Number in Household: \_\_\_\_\_ Number of Dependent Children: \_\_\_\_\_

GROSS RATE OF PAY: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_

PAY PERIOD TYPE: Weekly  Bi-weekly  Semi-monthly  Monthly  Other \_\_\_\_\_

TYPE OF EMPLOYMENT: Full-time  Part-time  Seasonal  Casual  Other \_\_\_\_\_

\$ \_\_\_\_\_ /Month \$ \_\_\_\_\_ /Annual

**SIGNATURE OF EMPLOYER/FUNDING AGENCY:** \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS OF FIRM: \_\_\_\_\_

TELEPHONE NUMBER FIRM: \_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

GROSS RATE OF PAY: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_

PAY PERIOD TYPE: Weekly  Bi-weekly  Semi-monthly  Monthly  Other \_\_\_\_\_

TYPE OF EMPLOYMENT: Full-time  Part-time  Seasonal  Other \_\_\_\_\_

\$ \_\_\_\_\_ /Month \$ \_\_\_\_\_ /Annual

**SIGNATURE OF EMPLOYER/FUNDING AGENCY:** \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS OF FIRM: \_\_\_\_\_

TELEPHONE NUMBER FIRM: \_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_

**CHILD TAX CREDITS:** \$ \_\_\_\_\_ /MONTH

**EMPLOYMENT SUPPLEMENTS:** \$ \_\_\_\_\_ /MONTH

**CHILD SUPPORT/MAINTENANCE:** \$ \_\_\_\_\_ /MONTH

I DO SOLEMNLY DECLARE THAT MY GROSS ANNUAL INCOME AS NOTED ABOVE IS CORRECT AND I MAKE THIS DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE; AND KNOWING THAT IT HAS THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VITRUE OF THE CANADA EVIDENCE ACT.

**Head of Household:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Northern Spruce Housing Corporation

## 3. EMPLOYMENT DETAILS

Supply the information requested below

APPLICANT		CO-APPLICANT	
Employer		Employer	
Position		Position	
Length of Service		Length of Service	
Reference		Reference	

## 4. EDUCATION/PROGRAM DETAILS

Supply the information requested below

APPLICANT		CO-APPLICANT	
Program Title		Program Title	
Length of Program		Length of Program	
Time Remaining		Time Remaining	
Reference		Reference	

## 5. LANDLORD INFORMATION

Supply the information requested below

CURRENT LANDLORD	PREVIOUS LANDLORD
Name:	Name:
Phone number:	Phone number:
Unit Address:	Unit address:
How long:	How long:
<input type="checkbox"/> house <input type="checkbox"/> duplex/fourplex <input type="checkbox"/> apartment Number of bedrooms:	<input type="checkbox"/> house <input type="checkbox"/> duplex/fourplex <input type="checkbox"/> apartment Number of bedrooms:
Reason for leaving:	Reason for leaving:

## 6. GENERAL INFORMATION

- Have you ever applied with our program? \_\_\_\_\_  
if yes, under what name \_\_\_\_\_
- Have you ever lived in Public Housing ? \_\_\_\_\_
- Do you have any pets? \_\_\_\_\_
- Any court/restraint orders against you? \_\_\_\_\_

I/We declare all of the information contained in this application for housing to be true and correct, knowing that any false information or declaration will result in my application being denied. I/We understand that this application does not constitute an agreement on the part of Northern Spruce Housing Corporation, or its agents, to provide me with rental accommodation. I/We understand that consideration and approval of this application and subsequent placement into a housing unit shall remain solely at the discretion of Northern Spruce Housing Corporation.

I further acknowledge the right of Northern Spruce Housing Corporation or its agents, at any time 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 otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize Northern Spruce Housing Corporation or its agents, to make any reference or credit inquiries as may be deemed necessary to verify the facts stated within this application.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT



**BOX 777 PRINCE ALBERT, SK S6V 5S2**

**PHONE: 306-922-4122**

**FAX: 306-764-9222**

**E-MAIL: [michelle.nshc@sasktel.net](mailto:michelle.nshc@sasktel.net)**

**LANDLORD REFERENCE FORM**

This form is to be completed by your current and previous landlords; or the person whom you are asking a reference from. It is NOT to be completed by yourself, family member or friend.

**NAME OF APPLICANT:** \_\_\_\_\_

**NAME OF CO-APPLICANT:** \_\_\_\_\_

Reference from:  Current Landlord  Previous Landlord

Address in question: \_\_\_\_\_

**REASON FOR VACATING:** \_\_\_\_\_

Move in Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_      Move out Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Current Rent Outstanding?  No  Yes      How much \$ \_\_\_\_\_

Has Tenant given proper Notice to Vacate?  No  Yes      Has Tenant been Evicted? No  Yes

**RENT HISTORY**

- \_\_\_\_\_ Pays consistently on or before the 1<sup>st</sup> day of the month
- \_\_\_\_\_ Pays usually on or before the 1<sup>st</sup> day of the month
- \_\_\_\_\_ Pays usually on or before the 15<sup>th</sup> day of the month
- \_\_\_\_\_ Pays usually on the 20<sup>th</sup> day of the month
- \_\_\_\_\_ Tenant calls to make arrangements when rent is going to be later than the 1<sup>st</sup> day
- \_\_\_\_\_ NUMBER OF LATE RENT NOTICES ON FILE

**LEASE AGREEMENT VIOLATIONS**

- \_\_\_\_\_ Illegal pets on premises
- \_\_\_\_\_ Additional occupants undeclared
- \_\_\_\_\_ Income undeclared
- \_\_\_\_\_ Noise/Disturbance/Illegal Activity issues
- \_\_\_\_\_ Utilities disconnection issues
- \_\_\_\_\_ Home Visit housekeeping issues

**UNIT CARE – MAINTENANCE**

Excellent     Good     Fair     Poor     Unknown

**YARD CARE – MAINTENANCE**

Excellent     Good     Fair     Poor     Unknown

**LANDLORD PRINTED NAME:** \_\_\_\_\_

**LANDLORD SIGNATURE:** \_\_\_\_\_

**CONTACT PHONE NUMBER (S):** \_\_\_\_\_ **DATE:** \_\_\_\_\_