

Application Process

Before any application is reviewed for processing all required information must be complete.

1. Complete all areas of application, if not applicable write N/A.
2. Must have two landlord references.
3. A copy of bank statement.
4. A copy of last pay stub from all resources.

CENTRAL URBAN METIS FEDERATION (1993) INC.

Affordable Housing
315 Avenue M South
Saskatoon, SK S7M 2K5
Phone: 651-4122 or 651-0428
Fax: 651-5179

Family Housing Application

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 any questions not answered will cause this application to be considered an incomplete application that cannot be processed for housing.

1. APPLICANT

Please Print

CO-APPLICANT

Name: _____ / _____
(Surname) (First) (Surname) (First)

Are you of Aboriginal ancestry? Yes No

Métis _____ F.N. _____ Band Name & No. _____

Inuit _____

Present Address: _____ City/Town: _____

Postal Code: _____ Telephone: (H) _____ (B) _____

Marital Status: _____ Sex: _____ Birthdate: ____/____/____
D M Y

Number of bedrooms in current accommodation: _____

Have you been provided with a notice to vacate? Yes No

If yes please indicate the Date ____/____/____
D M Y

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

What is your occupation? _____ Preferred occupancy date ____/____/____
D M Y

Name of Present Landlord: _____

Address: _____

City/Province: _____

Telephone: _____

Date Tenancy Started: _____

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Name of Previous Landlord: _____

Address: _____

City/Province: _____

Telephone: _____

Date Tenancy Started: ___/___/___ Date Vacated: ___/___/___
D M Y D M Y

2. Financial Information

	Applicant	Co-Applicant	Other
Gross Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workers Compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Support/ Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gov't Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Sources	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Monthly Income	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Banking

Name of Bank, Credit Union or Trust Company

Name: _____ Branch: _____

Name: _____ Branch: _____

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4. Present Living Accommodations

Rent Own Other, please specify

Furnished? Yes No

Shelter costs (per month)

Rent/Mortgage payment \$ _____

Gas _____

Water/Sewer _____

Insurance (yearly / 12) _____

Total Shelter Costs

5. Assets

Include all assets owned by household members

Assets	\$ Amounts
Real estate (house)	_____
Farm or commercial property	_____
Cash and bank deposits	_____
Bonds and Securities	_____
Vehicles	
Year / Make: _____	_____
Year / Make: _____	_____
Recreational Vehicles:	_____
Other: _____	_____
TOTAL ASSETS	<input type="text"/>

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Please explain your reasons for wanting to leave your present accommodations.

6. Additional Information

Does your current accommodation require major repair? Yes No

Do you share your current accommodation? Yes No

Have you and/or your co-applicant ever rented from Affordable Housing?

Yes No If yes, which one? _____

7. Other Members of Household

Name Surname First	Relationship to you	Marital Status	Business Phone	Sex	Birthdate dd/mm/yy	Occupation

8. Next of kin (to be notified in case of illness)

Name: _____ Relationship: _____

Address: _____ City/Province: _____

Postal Code: _____ Telephone: (H) _____

(B) _____

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9. Employers

Applicant Present Employer: _____ Co-Applicant Present Employer: _____

Address: _____ Address: _____

City/Province: _____ City/Province: _____

Postal Code: _____ Postal Code: _____

From: _____ To: _____ From: _____ To: _____

Previous Employer: _____ Previous Employer: _____

Address: _____ Address: _____

City/Province: _____ City/Province: _____

Postal Code: _____ Postal Code: _____

Telephone: _____ Telephone: _____

From: _____ To: _____ From: _____ To: _____

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 further acknowledge that with the acceptance of this application by CUMFI Affordable Housing there is no guarantee implied or promised on the part of CUMFI Affordable Housing to provide me with housing accommodations.

I/We understand and acknowledge that consideration and approval of this application shall be based solely on my priority of need as determined by CUMFI Affordable Housing, and the approval of this application and my subsequent placement into a housing unit shall remain solely at the discretion of CUMFI Affordable Housing.

Dated at _____ this _____ of _____
(City/Town) (Day) (Month) (Year)

Signature of applicant _____

Signature of Co-applicant _____

