

**AFFORDABLE HOUSING  
315 AVENUE F SOUTH  
SASKATOON, SK S7M 1T3  
PHONE: 955-2332**

**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.**

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**1. APPLICANT**

Please Print

**CO-APPLICANT**

Name: \_\_\_\_\_ / \_\_\_\_\_  
(Surname) (First) (Surname) (First)

Do you require a wheelchair-accessible unit?  Yes  No

Are you of Aboriginal ancestry?  Yes  No  
Métis \_\_\_\_\_ F.N. \_\_\_\_\_ 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? \_\_\_\_  
(Yes) Vehicle \_\_\_\_\_ Make/Model \_\_\_\_\_

What is your occupation? \_\_\_\_\_ Preferred occupancy date \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Name of Present Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Tenancy Started: \_\_\_\_\_

Name of Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Tenancy Started: \_\_\_\_\_

Date Vacated: \_\_\_\_\_

CENTRAL URBAN METIS FEDERATION (1993) INC.

**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"/>
<hr/>			
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: \_\_\_\_\_

**4. Present Living Accommodations**

Rent       Own       Other, please specify

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Furnished?     Yes       No

Shelter costs (per month)

Rent/Mortgage payment      \$ \_\_\_\_\_

Gas      \_\_\_\_\_

Water/Sewer      \_\_\_\_\_

Insurance (yearly / 12)      \_\_\_\_\_

Total Shelter Costs

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

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**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? \_\_\_\_\_

Do you own a pet?  Yes  No

If yes, what kind? \_\_\_\_\_

**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) \_\_\_\_\_

**9. Employers**

Applicant Present Employer: \_\_\_\_\_ Co-Applicant Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

CENTRAL URBAN METIS FEDERATION (1993) INC.

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Present 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 \_\_\_\_\_