



Lloydminster Métis Housing Group Inc.

3201 - 45 Avenue, Lloydminster, Saskatchewan S9V 1W2

Telephone: (306) 825-4183 Fax: (306) 825-5252 E-mail: LMHG@sasktel.net

READ CAREFULLY – IMPORTANT INFORMATION REGARDING APPLICATION

At your request we have given you an application for Subsidized Housing. We are providing the following information so that you have a clear understanding of the process to be followed which will enable you to have your application entered into our system.

STEP 1

When you submit your completed application, the following documentation must accompany it:

1. One of the following from the list below, most applicable to your circumstances:
 - (i) **Landlord reference**: please do not request that we contact your landlord for this document. We have included a form they can fill in.
 - (ii) **Homeowner**: statement from Mortgage Company.
 - (iii) **Band House**: statement from Band regarding unit upkeep and any payments, if applicable.
 - (iv) **Never rented before**: two (2) character (not relative) or business references.
2. A **Credit Reference** from renting furniture, a utility company, bank where you have a loan – any place or person that you have dealt with in a financial manner.
3. A **Verification of Income & Source of Income** for all persons must be attached, e.g. pay slip, letter from employer, and or most recent income tax assessment.
4. A copy of a **Hospitalization Card** for each person who will live with you. Bring them with your application – we will make a copy for you.

****Before bringing your application to our office, please be sure you have all of the above information. If information is missing, your application will not be processed.**

PLEASE DO NOT CALL US, AS IT WILL NOT SPEED UP THE PROCESS.

STEP 2

The policy of the Housing Office is: **All applications must go to the Tenant Selection Committee for approval. They meet as needed (minimum three times a year).**

STEP 3

Once your application has been approved it will be placed in the approved file, it is not a first come first served basis. Applicants are placed according to placement assessment form score. If your circumstances change and you move or get a new phone number it will be your responsibility to update your application with us so that we will be able to contact you. If no updates are given and we are unable to contact you, we will delete your application from our System.

****APPLICATIONS ARE ONLY KEPT FOR SIX MONTHS****

ABORIGINAL ANCESTRY CHART (IF APPLICABLE)

Please fill out Aboriginal Ancestry Chart as completely and accurately as possible. Lack of documentation can cause longer delays in verification.

Name of... (use maiden names)	Date of Birth (M/D/Y) Approximately	Where was S/he from? (town, province)	Does S/he have Aboriginal ancestry?	If yes, please indicate Métis/FN/Inuit
Your mother				
Your father				
Your Mother's Mother				
Your Mother's Father				
Your Father's Mother				
Your Father's Father				

****ATTACH ALL DOCUMENTATION YOU HAVE TO PROVE YOUR ABORIGINAL ANCESTRY****

All material I submit in this certification is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

LANDLORD REFERENCE FORM

Name of Tenant(s): #1 _____ #2 _____

Address: _____ City: _____ Postal Code: _____

Length of Tenancy: From D ___ M ___ Y ___ To D ___ M ___ Y ___ # of Occupants: _____ Adults ___ Children

RENT HISTORY ()Excellent () Good () Poor	HOUSEKEEPING SKILLS ()Excellent () Good () Poor	YARD CARE ()Excellent () Good () Poor
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COMPLAINTS: () Yes () No How Many? _____ If yes, what type? _____

NOTICE TO VATE: () Proper Notice () Short Notice () Eviction () Other: _____

LEASE VIOLATION NOTICES: () Yes () No How Many? _____ If yes, what type? _____

DAMAGE DEPOSIT: () Returned () Not Returned

Outstanding Balance Upon Vacating: \$ _____ RENT \$ _____ DAMAGES \$ _____ CLEANING

COMMENTS: _____

Certify that the above is true and correct

Signature of Landlord

Printed Name of Landlord

Date

Phone Number

LANDLORD REFERENCE FORM

Name of Tenant(s): #1 _____ #2 _____

Address: _____ City: _____ Postal Code: _____

Length of Tenancy: From D ___ M ___ Y ___ To D ___ M ___ Y ___ # of Occupants: _____ Adults ___ Children

RENT HISTORY ()Excellent () Good () Poor	HOUSEKEEPING SKILLS ()Excellent () Good () Poor	YARD CARE ()Excellent () Good () Poor
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COMPLAINTS: () Yes () No How Many? _____ If yes, what type? _____

NOTICE TO VATE: () Proper Notice () Short Notice () Eviction () Other: _____

LEASE VIOLATION NOTICES: () Yes () No How Many? _____ If yes, what type? _____

DAMAGE DEPOSIT: () Returned () Not Returned

Outstanding Balance Upon Vacating: \$ _____ RENT \$ _____ DAMAGES \$ _____ CLEANING

COMMENTS: _____

Certify that the above is true and correct

Signature of Landlord

Printed Name of Landlord

Date

Phone Number

APPLICATION FOR SENIOR RENTAL ACCOMMODATIONS

Over age 55 yrs, or 50 with health concerns

Maximum annual gross income Phase 1 - \$35,000, Phases 2 and 3 - \$44,500

*****NO PET POLICY STRICTLY ENFORCED*****

Application Date: _____, 20__

I/We _____
(Last name) (Given names)

Current Address: _____

Phone No.: (Home) _____
(Cell) _____
(Work) _____

Do herewith apply for accommodation with Lloydminster Métis Housing Group Inc., in the city of Lloydminster, in accordance to the lease agreement and information as given in the application.

I hereby authorize Lloydminster Métis Housing Group Inc. to make any inquiries they deem necessary to verify facts contained herein.

Signature(s) of Applicant(s): _____

Applicant Profile:	Birthdate	Sex
Given names	mm/dd/yy	
_____	___/___/___	M F
_____	___/___/___	M F

List you income/funding from ALL sources including: CPP, disability, old age, supplements, working income, pensions, EI, etc. Attach proof for each source of income/funding.

Lloydminster Métis Housing Group Inc. will determine what income is required in calculating the rent. Attach proof for each source of income/funding. This proof must include your full name, gross income, and pay period type.

Income Source	Amount	Proof Attached
1. _____		Y N
2. _____		Y N
3. _____		Y N

APPLICATION FOR SENIOR RENTAL ACCOMMODATIONS

Ancestry: Métis () Treaty () Non-Native ()

Please provide photocopy of Health Card, Métis Card, and/or complete attached Aboriginal Ancestry Chart.

Present Living Situation:

What is the size and condition of your present accommodation?

Current living costs:

Rental rate: _____

Utilities: _____

Please list your assets: (i.e. cars, trucks, recreational vehicles, property, etc.)

Please check all that you currently have in your present accommodations:

Bath grab bar () Stairs () Air conditioning () Yard Work () Dishwasher ()

Do you feel safe/secure? Yes No Do you feel lonely/isolated? Yes No

Do you need to give one month's notice? Yes No

*****WE ARE NOT AN ASSISTED LIVING PROGRAM*****