

Effective June 23, 2020

All new Tenants shall be required to provide a NON-refundable deposit of \$500.00 per pet prior to move-in.

As per our lease agreement, should a tenant decide to acquire a pet at anytime during tenancy, they MUST notify our office FIRST and receive approval, and provide the NON-refundable deposit of \$500.00 per pet to our office PRIOR to acquiring the pet.

Failure to do so will be considered a MAJOR breach of lease and grounds for EVICTION.

All other lease conditions pertaining to pets as listed in the lease shall be enforced.

READ CAREFULLY – IMPORTANT INFORMATION REGARDING APPLICATION

At your request we have given you an application for affordable 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. A **written accommodation reference** from your present living 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 reference
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** you will have living with you. Bring them with your application and we will make a copy of them.

****Before bringing your application to our office, please be sure you have all of the above information. We are very thorough in our review of your application and information. If any information is missing, your application will not be processed.**

If you provide any false information your application will be not be processed and you will no longer be eligible for housing in our program. (This includes the disclosure of any pets that you may own)

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

STEP 2:

The policy of the Housing Office is: **All Applications must go to the Tenant Selection Committee for approval.** They meet as needed.

STEP 3:

Once your application has been approved it will be placed in the approved file, it is not a first come first serve process. Applicants are placed according to Unit suitability and score from the needs assessment. 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.

PLEASE NOTE THAT APPLICANTS WITH NO PETS SCORE AN EXTRA 20 POINTS ON THE NEEDS ASSESSMENT. THIS HAS BEEN ADDED AS OUR PORTFOLIO HAS SUFFERED DAMAGE AND EXPENSE DUE TO PETS. THEREFORE, IF YOU HAVE PETS YOU WILL LIKELY WAIT MUCH LONGER TO BE PLACED.

****APPLICATIONS ARE ONLY KEPT ON FILE FOR 6 MONTHS****

Lloydminster Metis Housing Group Inc.

3201-45th Avenue, Lloydminster, Saskatchewan S9V 1W2

Office (306)825-4183 Fax (306)825-5252 email LMHG@sasktel.net

I/We _____ Date: _____
(Last Name) (Given Name)

Present Address: _____

Phone Number: (Home) _____ (Work) _____

So herewith apply for accommodations with Lloydminster Metis 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 Metis Housing Group Inc. to make any inquiries they deem necessary to verify facts contained herein.

Signature(s) of Applicant(s) _____

Dependant(s) Name(s)	Birthdate M/D/Y	Sex
_____	____/____/____	____
_____	____/____/____	____
_____	____/____/____	____
_____	____/____/____	____

Have you previously applied for housing with us? Y N If so approximately when? _____

Have you ever been evicted? Y N If yes why? _____

Do you own a Lawnmower? Y N Do you own a weed eater? Y N

List below ALL income/funding sources you receive including: Child Tax Benefit, Tips, Gratuities, Etc. Lloydminster Metis Housing will determine what income is required in calculating the rent.

Income:

Source	Amount	Proof Attached
1) _____		
2) _____		
3) _____		

Pets:

Please check here if you have no pets ____

Cat/ Dog Y N Type and breed _____

Contained Pet(fish/bird) Y N Species _____

Bank Name _____ Address _____

Native Ancestry: Metis () Treaty () Non Native ()

Please provide photocopy of Health Card, Metis Card, and /or complete attached Genealogical chart.

Present Living Situation: What is the size and condition of your present accommodation?

Rent Amount: _____ Utilities: _____ Do you need to give a month's notice? Y N

*****We are NOT considered an Emergency Housing Program*****

Applications are only kept on file for six (6) months. Applicants are placed according to placement assessment and unit suitability.

ABORIGINAL ANCESTRY CHART

Please fill out Aboriginal side as complete as possible. Lack of documentation can cause longer delays in verification.

Name of (Use Maiden Names)	Date of Birth(M/D/Y)	Where from (Town/Province)	Aboriginal Ancestry? Yes/No	If yes, please indicate Metis/FN/Inuit/Non-Status
Your Mother				
Your Father				
Your Mother's Mother				
Your Mother's Father				
Your Father's Mother				
Your Father's Father				

****ATTACH ALL DOCUMENTS YOU HAVE TO PROVE YOU ABORINGINAL ANCESTRY****
 All material I submit in the certification is and accurate to the best of my knowledge.

Signature: _____

Date: _____

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
---	--	--

COMPLAINTS: ()Yes ()No How Many? _____ If Yes, what type? _____

NOTICE TO VACATE: ()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

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
---	--	--

COMPLAINTS: ()Yes ()No How Many? _____ If Yes, what type? _____

NOTICE TO VACATE: ()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