

810-45th Street West Saskatoon, SK S7L 6A5 Phone: 306-649-6385

A. APPLICANT DETAILS PRIMARY APPLICANT

(Name)

Address:

Marital Status

Luther Family Housing Rental Application for Affordable Housing

DATE RECEIVED:

E-Mail Address:

Date of Birth:

Note: Luther Family Housing's townhouses (located on Heritage Way) are 3-bedroom, "Affordable" rental units. Applicants must qualify as per Sask Housing affordable housing guidelines. All families may apply, and preference will be given, once qualified, in order as received. Please note we have a "NO PET" policy.

Cell Phone:

Citizenship:

				nmigrant?		
SECONDARY APPLICANT (Name)	Address:		Yes No		E-Mail Address:	
Relationship to Primary Applicant:	Marital Status		Citizenship: Landed Immigrant? Yes No		Date of Birth:	
B. HOUSEHOLD DETAIL	S (fill in detai	Is of all persons v	vho will be	living with you) RELATIONSHIP to Pi	imary Applicant	
NAME		DATE OF BIRTH RELAT		RELATIONSHIP to Pi	ATIONSHIP to Primary Applicant	
NAME		DATE OF BIRTH		RELATIONSHIP to Primary Applicant		
NAME		DATE OF BIRTH		RELATIONSHIP to Primary Applicant		
Is a baby expected?	List the number of children needing daycare:					
Describe any physical disabi	lities or health	problems of any	househole	d member:		
ge 1						

C. CURRENT ACCOMMODATION	S :		
I/WE □ OWN □ RENT	I/WE LIVE IN A HOUSE APARTMENT OTHER:	NUMBER OF BEDROOMS IN PRESENT ACCOMMODATION:	
Name & phone number of current landlord (May be contacted for references)			
How long have you lived at this dwelling			
Why do you wish to leave your present a needed)	accommodation? (Use "ADDITIONA	AL COMMENTS" area if more space is	
D. PREVIOUS ACCOMMODATION		rences)	
1. Name & phone number of previous la	ndlord:		
How long did you live at this dwelling	?		
Why did you leave this dwelling?			
2. Name & phone number of previous la	ndlord:		
How long did you live at this dwelling	?		
Why did you leave this dwelling?			

Please supply paystubs from all sources of income for all family members over the age of 18): Please supply paystubs from all sources of income for all family members over the age of 18. In addition, each household member must provide a copy of his/her most recent Notice of Assessment MONTHLY INCOME SOURCE (Include verification) PRIMARY APPLICANT SECONDARY APPLICANT OTHER MEMBER/s Income Source #1 Income Source #2 Notice of Assessment Provided TOTAL COMBINED GROSS MONTHLY INCOME:

F. EMPLOYMENT HISTORY - LAST 12 MONTHS			
CURRENT EMPLOYER/S:	PRIMARY APPLICANT	SECONDARY APPLICANT	OTHER MEMBER
Employer:			
Employed from:			
Hours per Week			
Rate of Pay:			
PREVIOUS EMPLOYER/S	PRIMARY APPLICANT	SECONDARY APPLICANT	OTHER MEMBER
Employer:			
Employed from:			
Hours per Week			
Rate of Pay:			
PREVIOUS EMPLOYER/S	PRIMARY APPLICANT	SECONDARY APPLICANT	OTHER MEMBER
Employer:			
Employed from:			
Hours per Week			
Rate of Pay:			

G. COMBINED HOUSEHOLD ASSETS:			
ASSET TYPE:	PRIMARY APPLICANT	SECONDARY APPLICANT	OTHER MEMBER
Bank Accounts			
Real Estate (houses, properties)			
RRSPs			
Savings Bonds			
Stocks			
Other:			
TOTAL ASSETS: (Monthly interest – list under "Income Declaration" above)			\$

H. ADDITIONAL COMMEN	ITS:	
TI. ABBITIONAL COMMEN	113.	
		and correct. I understand that this application does nmunities or its representatives to provide me with
		investigate any or all the statements made herein, tatement may cancel any further consideration of
delivery by me to it or its agagent, at any time prior to	gent. I further acknow the execution and without penalty or li	ne property of the LutherCare Communities upon wledge the right of LutherCare Communities of its delivery to me of a lease hereby applied for, to iability for damages or otherwise, any acceptance
THIS APPLICATION IS VALI	D FOR 12 MONTHS	FROM DATE OF APPLICATION.
DATE:		
SIGNATURE/SI:		
SIGNATURE(S):(Prin	mary Applicant)	(Secondary Applicant)
(Other	Member over 18 yrs.)	(Other Member over 18 years)