

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

DATE RECEIVED:

**Luther Family Housing
Rental Application for Affordable Housing**

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.

A. APPLICANT DETAILS

PRIMARY APPLICANT (Name)	Address:	Cell Phone:	E-Mail Address:
	Marital Status	Citizenship: Landed Immigrant? Yes _____ No _____	Date of Birth:
SECONDARY APPLICANT (Name)	Address:	Cell Phone:	E-Mail Address:
Relationship to Primary Applicant:	Marital Status	Citizenship: Landed Immigrant? Yes _____ No _____	Date of Birth:

B. HOUSEHOLD DETAILS (fill in details of all persons who will be living with you)

NAME	DATE OF BIRTH	RELATIONSHIP to Primary Applicant
NAME	DATE OF BIRTH	RELATIONSHIP 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 disabilities or health problems of any household member:		

C. CURRENT ACCOMMODATIONS:

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 accommodation? (Use "ADDITIONAL COMMENTS" area if more space is needed)

D. PREVIOUS ACCOMMODATIONS (May be contacted for references)

1. Name & phone number of previous landlord:

How long did you live at this dwelling?

Why did you leave this dwelling?

2. Name & phone number of previous landlord:

How long did you live at this dwelling?

Why did you leave this dwelling?

E. INCOME DECLARATION & VERIFICATION (for all household 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
1. Income Source #1			
2. Income Source #2			
3. 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)			\$

