

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

DATE RECEIVED:

## Luther Family Housing Rental Application for Housing

**Note:** Luther Family Housing's townhouses (located on Heritage Way) are 3-bedroom bungalow and 2-story units. Please note we have a "NO PET" policy.

I am interested in: ☐ 3 Bedroom Bungalow

☐ 3 Bedroom 2 Story

### A. APPLICANT DETAILS

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

### 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
<b>Is a baby expected?</b>		
<b>Describe any physical disabilities or health problems of any household member:</b>		

**C. CURRENT ACCOMMODATIONS:**

I/WE

- ☐ OWN  
☐ RENT

I/WE LIVE IN A

- ☐ HOUSE  
☐ APARTMENT  
☐ OTHER:  
\_\_\_\_\_

NUMBER OF BEDROOMS IN  
PRESENT ACCOMMODATION:

Name &amp; 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 &amp; phone number of previous landlord:

Address of Previous Accommodation:

How long did you live at this dwelling?

\_\_\_\_\_ to \_\_\_\_\_  
Month/year Month/year

Why did you leave this dwelling?

2. Name &amp; phone number of previous landlord:

Address of Previous Accommodation:

How long did you live at this dwelling

\_\_\_\_\_ to \_\_\_\_\_  
Month/year Month/year

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 24 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:			

**H. ADDITIONAL COMMENTS:**



I declare the above information to be complete and correct. I understand that this application does not constitute an agreement by LutherCare Communities or its representatives to provide me with accommodation.

I hereby authorize LutherCare Communities to investigate any or all the statements made herein, being fully aware that discovery of any false statement may cancel any further consideration of my application.

I acknowledge that this application becomes the property of the LutherCare Communities upon delivery by me to it or its agent. I further acknowledge the right of LutherCare Communities of its agent, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given.

THIS APPLICATION IS VALID FOR 12 MONTHS FROM DATE OF APPLICATION AND WILL BE REMOVED AT THAT TIME. APPLICANT MUST REAPPLY AFTER THAT 12 MONTHS OR CONTACT BEFORE THE 12 MONTHS WITH CURRENT EMPLOYMENT AND FINANCIAL INFORMATION.

DATE: \_\_\_\_\_

SIGNATURE(S): _____	_____
(Primary Applicant)	(Secondary Applicant)
_____	_____
(Other Member over 18 yrs.)	(Other Member over 18 years)