

IMPORTANT INFORMATION PLEASE READ – PLEASE KEEP THIS SHEET FOR REFERENCE

APPLICATION PROCESS INFORMATION SHEET

The wait for a rental unit can be as short as 1 -2 months and as long as 12 months or more - depending on your need and availability of a unit. New tenants are placed based on need, not first come first serve basis. Our Human Rights Exemption allows us to give preference to Métis applicants. **WE DO NOT HAVE EMERGENCY HOUSING.**

1. Complete all areas of the application –READ THE APPLICATION AND FILL OUT ALL FIELDS

If your application is NOT complete it will NOT be processed.

2. Written landlord references

- a. References must be from a recognized agency/company – cannot be from a relative.
- b. References submitted must cover the last 2-year period, so you may need to submit more than one.
- c. Use the attached Landlord Reference form- Landlord to complete and sign.
- d. If you are a homeowner, we require a letter from your mortgage company.
- e. If you live in a Band house, we require a reference from the Band.
- f. **Never rented before or unable to obtain a positive reference– see 4. Below**

3. Written Credit References

- a. Must be from a recognized agency/company – cannot be from a relative.
- b. References submitted must cover the last 2-year period, so you may need to submit more than one.
- c. Use the attached Credit Reference form – representative from the credit company must complete/ sign.
- d. Can be from utility company, daycare, furniture store, car dealership.
- e. **No established credit or unable to obtain a positive reference – see 4. below**

4. No established credit or renting history and/or are unable to obtain a positive reference

You can submit two business/character reference IE from a teacher, employer, agency. Can not be written by family members. You also have the option to take our one day Rent-ED course, which could assist in having your application for housing approved. You will learn the basics of renting, applying for housing, and managing finances. If you are interested, please contact the office at 306-653-0384 to register.

5. Household Income Verification from all sources: Submit verification of income in the form of a cheque stub or letter from the source, from all sources for all Household members.

6. Copy of Health Cards for all household members.

7. Copy of Metis card/Treaty card for all household members. If you do not have a card, you can explain and self-declare.

You will be notified by letter, email, or phone call when your application is approved. Approved applications are placed on a wait list. **It is important that you update us if there are changes in your household composition, household income, contact telephone numbers or if your address changes. If we are unable to contact you, your application will be cancelled.**

We will contact you when a suitable unit becomes available. At this point you would be required to update your information, submit verification of tenant insurance, sign the lease, connect utilities in your name and pay the first month's rent and half the Damage Deposit. **Applications are kept for one year from the receipt date. After one year, a new application will be required and/or update your information.

APPLICATION FOR RENTAL ACCOMMODATIONS

Welcome to Camponi Housing Corp! We offer affordable rent including a Rent Geared-To-Income Program for all family sizes. We have rental units in most areas of Saskatoon.

Eligibility factors, such as income levels, will determine which Housing Program you qualify for. Your household size will determine what size of unit you qualify for. Your application will be placed on the waiting list until a suitable unit is available.

Please call our office if you have any questions Monday – Friday, 8:30 am – 4:30 pm

MISSION STATEMENT

We are a non-profit corporation committed to...

- *Fostering growth, strength and pride in the Métis Community*
- *Providing safe, affordable and adequate housing for Métis people in Saskatoon, SK*
- *Maintaining a stable and sustainable organization*

VISION

- *Healthy homes supporting strong communities*

VALUES

We believe in ...

- *Community pride*
- *Respect*
- *Honesty*
- *Accountability*
- *Innovation*
- *Caring*

CAMPONI HOUSING CORP./SASKNATIVE RENTALS INC. HOUSING APPLICATION

APPLICANT

Name _____
 Date of Birth _____
 Health Card # _____
 Home Phone # _____
 Cell Phone # _____
 Email Address _____

CO-APPLICANT

Name _____
 Date of Birth _____
 Health Card # _____
 Home Phone # _____
 Cell Phone # _____
 Email Address _____

Ancestry (Circle One)

Metis / First Nations / Non Status / Inuit / Non-Aboriginal

Marital Status _____

Ancestry (Circle One)

Metis / First Nations / Non Status / Inuit / Non-Aboriginal

Marital Status _____

OTHER MEMBERS OF HOUSEHOLD

Complete the table for each household member except yourself and the co-applicant (if applicable)

First Name	Last Name	Relationship to Applicant	Date of Birth mm/dd/yyyy	Ancestry	Gender	Student

Do you have your children (circle one): All the time / Most of the time / Sometimes

CURRENT LIVING SITUATION

Circle One: Rent / Own / Live with Family or Friend

Address: _____

City/Province: _____

Postal Code: _____

Occupancy Date: _____

Current Rent: _____

Number of Bedrooms: _____

Landlord Contact #: _____

PREVIOUS LIVING SITUATION

(Covering the last 2-year period)

Circle One: Rent / Own / Live with Family or Friend

Address: _____

City/Province: _____

Postal Code: _____

Occupancy Date From: _____

Occupancy Date To: _____

Landlords Name: _____

Landlord Contact #: _____

Have you ever rented from Camponi Housing Corp. / SaskNative Renal Inc. / La Maison? Yes No

If yes, address: _____ Date: _____

MONTHLY HOUSEHOLD INCOME

INCOME SOURCE	APPLICANT	CO-APPLICANT	OTHER	OTHER
Gross Wages				
Social Assistance				
Child Support				
Child Tax Benefit				
Universal Child Tax				
Training Allowance/Student Loan				
Employment Insurance				
Worker's Compensation				
Disability/Sick Allowance				
Old Age Security				
Canada Pension Plan				
Sask. Income Plan				
Sask. Rental Supplement				
Other (Specify)				

MUST attach supporting income information for each household member 19 years of age and older:

- 3 most recent pay stubs (for employment income)
- Copy of Social Assistance Benefit Stub
- Child Tax Statement
- Cheque Stubs showing Pension, Worker's Comp, Training Allowance, other income, etc.
- Employment Insurance cheque stubs, benefit statement, or copy of cheque

ASSETS

Approximate Value of Saleable assets: Under \$5,000 _____ Over \$5,000 _____

Do you own Real Estate property? Yes _____ No _____

Do you have a Band Issued House? Yes _____ No _____

Do you own a vehicle? Yes _____ No _____ If Yes, Make and Year _____

Please list your reason for wanting to move from your present accommodations

NEXT OF KIN (Please provide two)

Name: _____ Relationship to You: _____

Address and Phone Number: _____

Name: _____ Relationship to You: _____

Address and Phone Number: _____

OTHER INFORMATION REQUIRED

- **Credit Reference**
Please provide credit references covering the last 2-year period. A copy of the required form is attached.
- **Landlord Reference**
Please provide landlord references covering the last 2-year period. A copy of the required form is attached.
- **Proof of I.D.**
Copy of Health Cards for all members of the Household

PLEASE NOTE

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS SUBMITTED.

It is your responsibility to keep our office updated of any changes in your application such as:

- Address, phone number, family size, income, etc.

Applications will be kept for a one-year period. If we do not hear from an applicant after one year, the application will be cancelled and removed from the waiting list.

DECLARATION:

I declare the information provided on this application to be correct. I am aware that any false statements and/or verifications will automatically cancel my application.

I understand that this application does not constitute an agreement on the part of Camponi Housing Corp./Sasknative Rentals Inc. or its agents to provide me with rental accommodations. I acknowledge that this application becomes the property of Camponi Housing Corp. / Sasknative Rentals Inc. / La Maison Inc. or its agents prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel without penalty of liability for damage or otherwise and acceptance or approval of this application previously made or given. I HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU DEEM NECESSARY TO VERIFY THE ABOVE FACTS PROVIDED.

Signature of Application

Signature of Co-Applicant

Date

Date

LANDLORD REFERENCE

(Rental Agency to complete and sign)

Tenant/Client:

Name(s): _____ / _____

Address: _____

City/town: _____ Province: _____

Tenant Rental Information:

Number of bedrooms in unit: bachelor, one, two, three, four, five plus

Number of occupants: Adults _____ Children _____

Tenancy: From D _____ M _____ Y _____ to D _____ M _____ Y _____

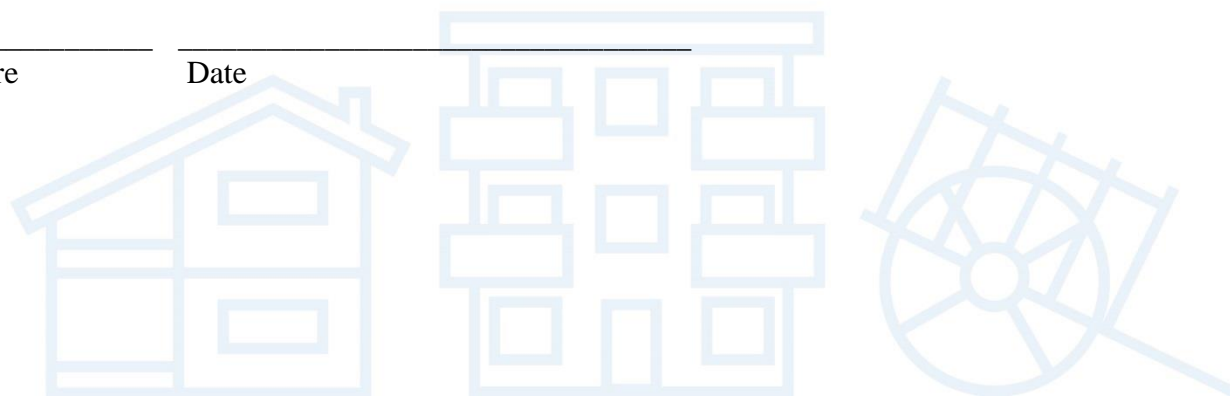
- Monthly Rent Charged: \$ _____
- Rent payments Excellent Good Poor
- Housekeeping Care Excellent Good Poor
- Yard Care Excellent Good Poor
- Lease Violations/complaints Yes No If yes, what type of violation – noise, disturbance, illegal activity, others residing in unit not listed on lease, damage to unit/yard, other _____. # of violations _____.
- Proper Notice Given Yes No
- Damage Deposit Returned Yes No Partial
- Outstanding Balance at move out:
Rent \$ _____ Cleaning \$ _____ Damages \$ _____

Landlord Information:

Rental Agency Name (Company Stamp) Phone Number

Address City / Town/ Prov

Representative Signature Date



CREDIT REFERENCE

(Any company you have made regular payments to for the last 2 years or a credit score)

Client:

Name(s): _____ / _____

Address: _____

City/town: _____ Province: _____

Credit Information:

Credit term: From D ____ M ____ Y ____ To D ____ M ____ Y ____

Total Credit amount: \$ _____

Average Monthly Payments \$ _____

Payment History: Good / Average / Poor

Method of Payment: Direct Debit / Cheque / Cash / other

Comments: _____

Credit Company Information:

Credit Company Name
(Company Stamp)

Phone Number

Address

City / Town/ Prov.

Representative Name

Representative Signature

Date

