Apartment Preference:

____ Bachelor $800 ____ One-Bedroom $1000 ____ Two-Bedroom $1200

How did you hear about Milton Heights? _____

_____

Unit Allocation

- Families with Children (under age 18): Single parents, couples, or other adults in the household are entitled to their own bedrooms as per SaskHousing policy. No more than two children can share a bedroom. Children must be in the applicant's custody at least 50% of the time.
- All Other Applicants: Single adults, couples or unrelated adults are entitled to a single bedroom. Senior couples with medical reasons preventing bedroom sharing are also entitled to their own bedroom.

Gross Income Limits: (your total must be less than): $44,500 per year in households without dependants, $52,00 per year in households with dependants.

Personal Details *(Please Print)*

Applicant Name (First) _____ (Last) _____

Date of Birth (mm/dd/yyyy) _____ Email _____

Phone _____ Cell _____

Total Number of Children _____ Ages _____

Total Number of Occupants for this Unit _____

Residence History

Current Address _____

Landlord's Name _____ Phone _____

Previous Address _____

Landlord's Name _____ Phone _____

References and Support Contacts

Reference Name _____ Relationship _____

Phone Number _____ Email _____

Community Support Worker Name _____

Phone Number _____ Organization _____

SAID/SIS Financial Support Worker Name _____

Phone Number _____

Trustee Name _____ Phone Number _____

Co-Applicant Details (if no co-applicant, go to Additional Information)

Co Applicant Name (First) _____ (Last) _____

Date of Birth (mm/dd/yyyy) _____ Email _____

Phone _____ Cell _____

Total Number of Children _____ Ages _____

Total Number of Occupants for this Unit _____

Residence History

Current Address _____

Landlord's Name _____ Phone _____

Previous Address _____

Landlord's Name _____ Phone _____

References and Support Contacts

Please provide a reference, along with your social and financial support worker details).

Reference Name _____ Relationship _____

Phone Number _____ Email _____

Community Support Worker Name _____

Phone Number _____ Organization _____

SAID/SIS Financial Support Worker Name _____

Phone Number _____

Trustee Name _____ Phone Number _____

Additional Information

Security Deposit: Equivalent to one month's rent required, with at least half due at lease signing.

Utilities: Tenant is responsible for all utilities except heat and water. It is the tenant responsibility to arrange for connection/disconnection and payment of all utilities.

Parking Needed: _____ Yes ____ No

Parking is available for an additional cost and requires a signed parking agreement. Spaces are limited and subject to a waitlist. Assigned stalls are for personal, actively licensed, operable, non-commercial vehicles only. The landlord is not responsible for any damage or loss to vehicles or their contents while on the property.

Documentation Required

- Milton Heights Inc. requires a copy of one your Government Photo ID/Drivers License with submission of this application.
- Most Recent notice of Assessment from CRA or detailed proof of income.

Direct Rent Agreement

Milton Heights Inc. requires individuals whose income consists of SAID/SIS to have direct rent cheques set up prior to lease signing.

Declaration/Consent

- I/We acknowledge that this is a smoke-free building and agree to comply with all Terms of Service. Any evidence of smoking will result in termination of tenancy and forfeiture of my/our security deposit.
- I/We agree to provide at least one month's written notice before the first day of the month when vacating the premises.
- I/We consent to a credit check, including verification of employment and banking information.
- I/We understand that references from current and previous landlords will be obtained to verify rental history.

- I/We certify that all information provided in this application is accurate and truthful. I/We consent to the use of this information for application processing.
- I/We have read, understood, and agree to comply with all terms outlined in this application and any lease documents upon signing.

DATED AT Regina, Saskatchewan, this _____ day of _____, 20____.

_____ _____

First Tenant Name First Tenant Signature

_____ _____

Second Tenant Name Second Tenant Signature

_____

Milton Heights Employee Signature

Thank you for choosing Milton Heights.

Milton Heights – Income Declaration and Consent

To comply with Saskatchewan Housing Corporation (SHC) funding requirements, landlords must provide information about their tenant's income and number of persons living in the unit. Each household is asked to complete the following declaration verifying their household income. All information is strictly confidential.

List all Members of the Household, including dependants.

NAME	SEX	DATE of BIRTH (mm/dd/yyyy)	SOURCE of INCOME	GROSS ANNUAL INCOME
1.				
2.				
3.				
4.				
5.				
6.				
Total #Occupants		**Total Household Income**		

Most recent Notice of Assessment as issued by the Canada Revenue Agency (CRA) is required from all applicants.

Attaching **one** of the following proofs of income will begin the processing of your application:

- Copies of all income payment stubs for three previous months and a verification of income letter signed by employer; OR
- Completed Income Tax Return from the most recent tax year that has been prepared by a professional tax service or accountant, OR
- Self-employed earnings (rental, farming, business, fishing, professional) must also provide a completed Statement of Business Activities, OR
- Copy of T5007 is attached (SIP; SRHS; SES income; TEA; SAID; SIS T2201)

Copies of personal income tax forms may be obtained from CRA free of charge. Applicants may contact CRA at 1-800-959-8281 for further information.

Declaration/Consent

- I/We certify that the income provided is our total combined annual gross household income from all sources of non-dependent individuals living in the unit.
- I/We consent to the disclosure and use of the information provided in this application by Milton Heights to verify compliance with the operating agreement.
- I/We also consent to the use of this information for program evaluation and audit purposes.
- I/We declare that all information provided in this application is true and complete.

_____ _____

Tenant Signature Date

_____ _____

Tenant Signature Date