



1825 MCKERCHER DR
SASKATOON SK S7H 5N5
PHONE: 306-955-7677
FAX: 306-955-5420

Subsidized Rental Application

Date of Application: _____

Name: _____

Co-Applicant's Name: _____

Birthdate: _____

Co-Applicant's Birthdate: _____

(Street or Box No)

(Town or City)

(Province)

(Postal Code)

Email: _____

Home Phone #: (_____) _____

Cell Phone #: (_____) _____

ALTERNATE CONTACT: _____

RELATIONSHIP: _____

HOME PHONE #: (_____) _____

CELL PHONE #: (_____) _____

Briefly explain your reasons for wanting to live at McClure Place:

Is there anything in your present accommodation which makes it an unsuitable or unsafe environment for you?

Yes No

If yes, briefly explain:

Are you physically disabled?

Yes No

If yes, briefly describe:

Do you currently have adequate access to services?

Shopping

Yes No

Doctor/Hospital

Yes No

Home Care

Yes No

Recreational/Social

Yes No

If you answered no to any of the above, please explain:

List any community programs or services that you currently receive (Home Care, Cleaning, Meals on Wheels, etc.):

What hobbies and activities do you currently take part in? :

At the present time do you:

Require a parking spot? Yes _____ No _____
(Parking spots are only offered if you own/drive a vehicle)

At the present time do you:

Rent your home? Yes _____
Own your home? No _____

Financial Information

These documents must be submitted with the application

- ❖ Photocopies of your most recent cheques or direct deposit stubs from each source of income listed in “Income” list below;
- ❖ A photocopy of your most recent Income Tax Return and Notice of Assessment Form (from Canada Revenue Agency);
- ❖ Any T4s or T5s
- ❖ A photocopy of your most recent bank statement (showing a full month) from each of your bank accounts;
- ❖ A photocopy of your last month’s bills or statements for all items listed under “Shelter Costs” below

Your application cannot be processed without copies of these documents.

McClure Place reserves the right to request documentation as it deems necessary as proof of income.

Income

Old Age Pension/Supplement	\$
Social Assistance	\$
Canada Pension Plan	\$
Private Pension	\$
War Veterans	\$
Disability	\$
Worker’s Compensation	\$
Employment Insurance	\$
Interest Income	\$
Annuity Income	\$
Employment Income	\$
Total Income	\$

Assets

Real Estate	Current Value	\$
(including vacation property)		
Farm or Commercial Property		\$
Bonds & Securities		\$
Cash & Bank Deposits		\$
Recreational Vehicle		\$
Vehicle(s)	Current Value	\$
	Make	
	Year	
Other Assets		\$

Shelter Costs

Electricity	\$
Rent	\$
Mortgage Payment	\$
Gas (only)	\$
Water and Sewer (only)	\$
Insurance	\$
Property Tax	\$
Total Shelter Cost	\$

Declaration

I understand this application does not constitute an agreement on the part of McClure Place Association or its representatives to provide me with accommodation.

I hereby authorize McClure Place Association to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel further consideration of my application.

I acknowledge that McClure Place Association has a no pet and no smoking policy.

I further acknowledge the right of McClure Place Association or its agent at anytime 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.

I acknowledge and hereby authorize McClure Place Association to investigate and/or make any inquiries regarding references from past or present landlords, utility companies and employers.

I acknowledge that this application becomes the property of McClure Place Association upon delivery by me to it or its agent.

I agree and consent that credit inquiries may be made and credit reports obtained and/or prepared at any time on connection with the housing hereby applied for.

I hereby declare the information provided on this application is true, correct, and complete.

*printed by permission from Saskatchewan Housing Authorities (July 2002)

Dated at _____
(City)

This _____ Day of _____, 20_____

(Signature of Applicant)

(Signature of Co-Applicant)

ALL INFORMATION PROVIDED WILL BE CONSIDERED CONFIDENTIAL

Please return to:

MCCLUREPLCE ASSOCIATION INC.
1825 MCKERCHER DRIVE
SASKATOON SK S7H 5N5