



1130 Winnipeg Street
Regina, Saskatchewan S4R 1J6
Phone: 306-525-0147 Fax: 306-525-0111
Website: www.namerindhousing.ca

TO BE ELIGIBLE FOR SUBSIDIZED HOUSING FROM NAMERIND: APPLICANT OR HEAD OF HOUSEHOLD MUST BE INDIGENOUS MUST NOT BE LIVING IN ANOTHER SUBSIDIZED HOUSING PROGRAM MUST HAVE ONE OR MORE DEPENDENTS UNDER THE AGE OF 18 YEARS. NAMERIND HAS BOTH SUBSIDIZED (BASED ON MONTHLY INCOME) AND NON-SUBSIDIZED (MARKET RENT) HOUSING.

LETTER OF INSTRUCTION

PLEASE READ CAREFULLY

This is to assist you in completing your application for processing.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Applicant must **answer all questions** on the application form. Applicant must sign and date the application form. If a Co-Applicant is listed s/he must also sign the form.

You must provide the following information:

- Your most recent NOTICE OF ASSESSMENT from Revenue Canada
- Copy of **three (3) full months** of your most recent **income verification** documents (i.e. paystubs, social assistance benefit statements, pension, self-employment, student loan, training allowance, child maintenance, employment insurance benefits, etc.) *
- Your most recent **Child Tax Benefit** statement from Revenue Canada **listing the name(s) of all eligible children** (if you have children in your custody). If you have guardianship of children through the Ministry of Social Services you must provide a legal document
- Include two (2) letters of reference – one from the current landlord and one from a previous landlord. All landlord references **must** include **landlord's name, phone number, the rental address, move-in and move-out date(s)**

- Copy of **photo ID** is required (driver's license or treaty status card)

* *Anyone 18 years of age and older must provide their income information.*

** *If landlord references cannot be obtained, include a letter with your application explaining why. References from relatives are not valid.*

NAMERIND HOUSING APPLICATION

PLEASE NOTE: APPLICATIONS WILL NOT BE PROCESSED UNLESS FILLED IN COMPLETELY.

Please check the appropriate box:

Subsidized Unit
 Market Rent Unit
 Condo
 Apartment

Last Name
 First Name
 Middle Name
 M_____ F_____

Address		Home Phone()
City/Town		Work Phone ()
Province	Postal Code	
Age	Birth Date	Health Number
		Email:

Status/Registered Indian Band Name _____ Treaty Number _____

Métis Non-status Other
 OMarried OSingle OCommon-Law

CO-APPLICANT

Last Name
 First Name
 Middle Name
 M_____ F_____

Address		Home Phone()
City/Town		Work Phone ()
Province	Postal Code	
Age	Birth Date	Health Number
		Email:

Status/Registered Indian Band Name _____ Treaty Number _____

Métis Non-status Other

Number of Children in household: _____

Name	M/ F	SK Health Card No.	D.O.B.	Age	Ancestry	Relationship

Describe any physical disabilities or health problems of household members: _____

INCOME (All household income is included in the calculation of rent)

Is your Primary source of income Social Assistance Yes No

If Yes, Social Worker's Name _____ Phone _____

Source(s) of Income

Monthly total (\$)

Applicant _____

Co-Applicant _____

Total Monthly Income All Sources Combined

\$ _____

Applicant Employer/School Information

Name _____ Phone No.() _____

Address _____ Supervisor _____

Length of time employed? _____

Co-Applicant Employer/School Information

Name _____ Phone No.() _____

Address _____ Supervisor _____

Length of time employed? _____

RENT HISTORY

Current Landlord _____ Phone No.() _____

Landlord Address _____ **Move in date:** _____ **Move out date:** _____

What notice are you required to give your landlord _____

Previous Address: _____ Landlord _____

Landlord Address: _____ Phone No.() _____

City/Prov: _____ **Move in date:** _____ **Move out date:** _____

Next Previous Address _____ Landlord _____

Landlord Address: _____ Phone No.() _____

City/Prov: _____ **Move in date:** _____ **Move out date:** _____

Are you living in or have you previously lived in public/subsidized housing? Yes [] No []

If yes, with who? _____

Address: _____ Move in date: _____ Move out date: _____

Nearest Relatives Not Living With You Who Can Be Reached In Case of Emergency

Name	Relationship	Ph. No.()
Name	Relationship	Ph. No.()

Are you or is anyone in your household related to anyone working at Namerind? _____ Who? _____

Comments: _____

Signature Of Applicant _____

Date _____ Co-Applicant _____

I Declare That The Information Given By Me/Us To Be Complete And Correct. I Understand That This Application/Personal Statement Does Not Constitute Or Guarantee Acceptance As A Tenant Of Namerind. I Further Acknowledge That Namerind Subsequent To An Acceptable Lease Being Executed By Both Parties May Withdraw, Revoke, Or Cancel Any Acceptance Or Approval Of This Statement/Application. I Hereby Authorize Namerind To Check The Validity Of The Information As Deemed Necessary Through Namerind's Own Sources And Methods To Verify The Facts Contained Herein. I Further Understand That This Statement Remains The Property Of The Company And Must Be Surrendered Upon Demand. No Warranties Expressed Or Implied Other Than As Stated Herein Are Made. The Company Is Not Responsible For Any Losses Of Any Nature Whatsoever.

OFFICE USE ONLY Received by:

Date Received:

Date entered:

The following questions are to assist the Tenant Selection Committee.

Total number of people who will be living in household full time _____

Do children live with you full time? _____

If not, explain arrangements.

How much are you currently paying for rent? _____

How many bedrooms are you currently in? _____

Are you required to give notice to move? _____

If so, have you given the notice? _____

When is the best time to reach you? _____

Can you be contacted at work if needed? _____

Preferred area for housing _____

Why are you looking to move into low-income housing? _____

****Please Note: NAMERIND HAS A NO PET POLICY.**



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RELEASE OF INFORMATION

I/We agree and consent that information regarding tenancy and/or rental references and employer verification shall be released and/or obtained regarding my/our housing application.

(Applicant signature)

(Print Name)

(Co-Applicant signature)

(Print Name)

(Date)