

Please list reason for wanting to move from present accommodations.

I, declare the information to be correct. I understand that this application does not constitute an agreement on the part of Cress Housing Corporation or its agents to provide me with rental accommodations. I acknowledge that this application becomes the property of Cress Housing Corporation, 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 any acceptance or approval of this application previously made or given. I, HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU DEEM TO VERIFY THE ABOVE FACTS.

Signature of Applicant

Date

Please remember, that once you have applied, we require:

✚ Written landlord references:
Please provide two written landlord references. One from your current landlord and one from your previous landlord.

✚ Application for medical reasons:
Describe any physical disability or health problem(s) of any household member(s). Please provide medical documentation indicating illness and/or disability.

✚ Please provide verification of your income:

1. Cheque stub showing your gross monthly earnings, pensions, etc.
2. Letter verifying amount in student allowance (band funding).

✚ Please note:
It is your responsibility to keep our office updated of any changes on your application: address, phone number, family size, income, etc.

**Application for
Rental Accommodations**

Cress Housing Corporation

**200-335 Packham Avenue
Saskatoon, SK
S7N 4S1**

Phone: (306) 244-7747

Fax: (306) 244-2444

Mission Statement

To provide affordable housing for First Nations persons in the City of Saskatoon and to develop other strategies including home ownership as potential solutions in addressing the housing shortage facing the urban First Nations community.



**Human Rights
Exemption number: E92-06**

Please note that all areas of this application must be completed or it won't be processed. If a section does not apply to you, mark N/A.

Personal Data

Surname: _____

First Name: _____

Address: _____

Postal Code: _____

Phone number: _____

Work number: _____

Contact number: _____

First Nations Band: _____

Treaty number: _____

Age: _____ Sex: _____

What is your source of income?

Band funding: \$ _____

Student loan: \$ _____

OAS/CPP: \$ _____

Social Assistance: \$ _____

Employment: \$ _____

EI: \$ _____

Disability: \$ _____

Other: \$ _____

List below names of all persons that will be living with you. Persons 18 years or over must indicate source of income. This includes your children or any dependants and anyone over 18 years.

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income Source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Income source: _____ Amt: _____

Is baby expected? Yes () No () If yes, please indicate due date: _____

I am occupying:

[]House []Apartment/Suite []Duplex

The rent is \$ _____

Includes: []Heat []Water []Power

How many bedrooms: _____

Are you able to provide landlord reference(s)?

If no, please explain: _____

If yes, please give information of:

Present landlord: _____

Address: _____

Phone: _____

Duration: _____

Former landlord: _____

Address: _____

Phone: _____

Duration: _____

Employment:

Present Employer: _____

Length of service: _____

Phone: _____

Spouse's Employer: _____

Length of service: _____

Phone: _____