

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**

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.

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Work number: \_\_\_\_\_  
Contact number: \_\_\_\_\_  
Email: \_\_\_\_\_  
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: \$ \_\_\_\_\_

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: \_\_\_\_\_

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**

ASIMAKANISEEKAN ASKIY RESERVE #102A

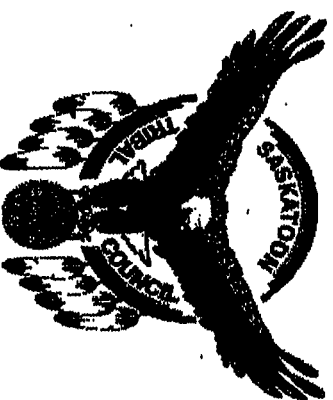
300 - 208 Packham Place

Saskatoon, Saskatchewan S7N 4K5

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



# CRESS HOUSING CORPORATION

ASIMAKANISEKAN ASKIY RESERVE #102A

300 - 203 Packham Avenue

Saskatoon, Saskatchewan S7N 4K5

Phone (306) 244-7747 Fax (306) 244-2444

## LANDLORD REFERENCE FORM FOR CRESS HOUSING CORP.

This form is to be **COMPLETED BY THE PERSON OF WHOM YOU ARE ASKING A REFERENCE FROM**. It cannot be filled out by the person applying to Cress Housing.

Landlord reference for: \_\_\_\_\_

*(Name of applicant's name – Please print)*

Reference from: Present Landlord Former Landlord

Tenants address: \_\_\_\_\_

Does rent include: Heat? Water? Power? Other \_\_\_\_\_

Move in date: M \_\_\_ D \_\_\_ Y \_\_\_ / Move out date: M \_\_\_ D \_\_\_ Y \_\_\_

Current rent outstanding?: No Yes ► How much? \$ \_\_\_\_\_

Has tenant given notice to vacate? No Yes Eviction notice served? No Yes

Rent history: Pays consistently on or before the 1<sup>st</sup> of month  
Pays usually on or before the 1<sup>st</sup> of the month  
Pays usually on or before the 7<sup>th</sup> of the month  
Pays usually before the 15<sup>th</sup> of the month  
Pays usually on the 20<sup>th</sup> of the month  
Tenant calls to make/discuss late payment arrangements when necessary  
#\_\_\_ of late rent notices on file

Unit Care (Maintenance): Excellent; Good; Fair; Poor; Unknown

Yard Care (Maintenance): Good; Fair; Poor; Not Required

Breaches to Lease Agreement: Illegal pet on premises  
Border/roommate not on Lease Agreement  
Non declaration of income  
Noise/Disturbance/Illegal activity  
Request tenant to clean or repair damage  
Utilities disconnection due to non payment

Reason for vacating: \_\_\_\_\_

Print Name (Landlord): \_\_\_\_\_

Signature (Landlord): \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email address: \_\_\_\_\_