

TENANT APPLICATION

(Revised May 2015)

WHERE DID YOU HEAR ABOUT MILTON HEIGHTS? **Apartment Preference**: Bachelor (\$627) One-bedroom (\$824) Two-bedroom (\$959) **Unit Allocation**: per SaskHousing policy: <u>Families with Children (under age 18)</u>: single parents, or couples, are entitled to a bedroom of their own; any other adults in the household are entitled to their own bedrooms; no more than two children can share a bedroom; two children of the opposite sex, where at least one is over the age of five years, should not share a bedroom. To qualify as a child of the household, the child must be in the applicant's custody at least 50% of the time. All Other Applicants: a single adult, or couples, are entitled to a single bedroom; two adults, not married or common law, are entitled to their own bedrooms; senior couples, who for medical reasons cannot share a bedroom, are entitled to their own bedrooms. All household members over age 18 and not attending school must declare their gross monthly income from all sources and complete the Tenant Income Declaration/Consent form. Are you a senior citizen: Yes No GROSS **INCOME LIMITS** (your total must be less than): Do you have special needs: Yes No \$44,500 per year in households without dependents Your Age: \$52,000 per year in households with dependents PLEASE PRINT: A. APPLICANT NAME (First) (Last) Date of Birth (Month/Date/Year) _____Email____ Phone: Res#______Bus#_ # of children____Ages_____ Total # of occupants for this Unit_____ PRESENT ADDRESS Landlord's Name Landlord Contact: Bus#_____Cell#____ PREVIOUS ADDRESS_____From/To (dates) ______ Landlord Contact: Bus#_____Cell#____ PRESENT EMPLOYER/Address_____Phone #_____Phone # Position held (Full/PT)_____from____Supervisor_____ IF you're a Student, name of school______Course/Year____ PERSONAL REFERENCE (not a relative)______Relationship to you?_____ Employer Bus# Cell# Social Worker ______Phone#_____ Financial Support Worker _____ Phone# B. CO-APPLICANT NAME (First) (Last) Date of Birth (Month/Date/Year) ____Email____Email Phone: Res#______Bus#_

of children____Ages_____ Total # of occupants for this Unit_____

PRESENT ADDRESS Landlord's Name

Landlord Contact: Bus#	_Cell#
PREVIOUS ADDRESS	From/To (dates)
Landlord Contact: Bus#	Cell#
PRESENT EMPLOYER/Address	Phone #
Position held (Full/PT)from	Supervisor
IF you're a Student, name of school	Course/Year
PERSONAL REFERENCE (not a relative)	Relationship to you?
EmployerBus#	Cell#
Social Worker (if applicable)	Phone#
Financial Support Worker (if applicable)	Phone#
C. SECURITY DEPOSIT: A security deposit ed	quivalent to one month's rent is required.
D. UTILITIES : Tenant is responsible to arrange for connection/disconnection and payment of all utilities except heat and water.	
E. PARKING: Do you need parking? Yes	lo Must complete a Parking Agreement.
Parking is LIMITED. There is a wait list. The tenants' assigned parking stall shall be used only for their personal actively licensed, operable, non-commercial vehicle. The Landlord assumes no responsibility for vehicles or contents anywhere on Landlord's property.	
F. PETS : Do you have a pet? Yes No	
Traditional pets are acceptable, with prior approval of Landlord. All pet owners must complete a Pet Registration form and supply proof of pet sterilization and annual proof of current licensing and vaccinations. A fee of \$300 per unit is due upon application for approval of pet. Pets can be a dog, a cat, bird or caged hamster-type rodent, with a maximum of one small dog (25 lbs) OR one cat per unit. No exotic animals will be accepted (ie: no snakes, lizards, parrots, etc.). To house an aquarium, above a 5 gallon capacity, tenant must first provide proof of current insurance which covers water damage caused by said property. The Milton Heights Pet Policy applies to all owners, their pets and visiting pets. Tenants are responsible to advise their guests-with-pets of this policy.	
 I/We understand that this is a smoke-free building and agree to abide by all Terms of Service herein. Evidence of smoking will result in me/us being asked to vacate, and my/our security deposit will be forfeited. I/We understand that one month's notice in writing, in advance, must be given before the first day of a month to vacate these premises. I/We understand that a credit check, including employment and banking information, may be obtained and verified. I/We understand that present and previous landlord references will be obtained and rental history verified. I/We certify that all statements made in this application are true and correct. I/We consent to the use of the above for these purposes. I/We have read, understood and agree to abide by the above and by all lease documents upon signing. 	
DATED AT Regina, Saskatchewan, thisday	
<u>X</u>	<u>X</u>
Tenant	Tenant