

Repair and Renovation

Adaptation for Independence - Homeowner

- Provides financial assistance to homeowners with low incomes to improve the accessibility for a household member with a housing related disability to live independently.



Assistance:

- A forgivable loan to a maximum of \$23,000. The property owner is responsible for all costs greater than the approved amount.

Eligibility:

- Homeowners – applicants must own and occupy the property as their principal residence and have a household member with a housing-related disability.
 - * The household income and asset levels must be at or below the established income and asset limits as determined by Saskatchewan Housing Corporation.

Other Details:

- Modifications required must be identified by a qualified health practitioner.
- Repairs completed prior to receiving written approval from Saskatchewan Housing Corporation do not qualify.
- Once approval is granted, work must be completed within six months.

Mail completed application to:

Saskatchewan Home Repair Program

11th Floor – 1920 Broad Street

Regina, SK S4P 3V6

Telephone: 1-800-667-7567



Adaptations for Independence - Homeowner

Saskatchewan Home Repair Program

Make sure you have signed and dated the attached application and Asset Declaration Form in pen. Please return your application to our office with ALL of the following information:

- **Property Tax Notice:** send a copy of the last Property Tax Notice that you paid (confirming your property tax account is current).
- **Insurance Policy:** send a copy of the most recent insurance policy for your home.
- **Lease Agreement:** if you have a roommate or a boarder, send a copy of the lease agreement.
- **Asset Declaration form:** this form collects information about the value of assets you own.
- **Verification of Disability Form:** must be completed by your physician or health practitioner.
- **Proof of Household Income:**
 - * **Income Tax Returns** – Send a copy of last year's income tax return to everyone in the household, including children over age 18. Full-time students must send proof that tuition has been paid to the university, college, school, or trade school.
 - * **Income Tax Notice of Assessment** – Send a copy of the Canada Revenue Agency (CRA) Income Tax Notice of Assessment for every working member in the household. If you are unable to find this form, you may ask for a copy by calling the CRA at 1-800-959-8281.
 - * **Business, Rental, or Farming Income** can be verified by submitting copies of the most recent Income and Expense Statements.
 - * **Disability or Veteran Affairs Pension** can be verified with a copy of the most recent pay stub, and a letter of confirmation.
 - * **Child and Spousal Support Payments** – If you paid or received child support or spousal support, send a copy of the separation or divorce agreement.
 - * **Note:** Eligibility for the program will be affected if the title to the property has defects, i.e. liens or judgements.

Program funding is limited; only completed applications will proceed. Should you have any questions, please contact our office at:

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You may be eligible if your household income and asset value is less than the limits stated in the tables below:

Saskatchewan Household Income Maximums

(as of July 1, 2023)

One Bedroom	Two Bedroom	Three Bedroom	Four+ Bedroom
\$46,600	\$57,500	\$68,400	\$89,100

Bedroom count does not refer to the number of bedrooms in a specific house, but rather the number of bedrooms required to accommodate household members.

Saskatchewan Household Asset Levels

All Households
\$300,000

These Asset Levels are used for all programs offered by Saskatchewan Housing Corporation to ensure the programs are serving those with the greatest need.

Saskatchewan Home Repair Program

Personal information

Applicant: _____
First Name Middle Name(s) Last Name

Social Insurance Number: _____ Date of Birth: _____

Contact Information: _____
Home Phone Cell Phone Email

Current Address: _____
Unit Number and Address PO Box

City/Town Province Postal Code

Co-Applicant: _____
First Name Middle Name(s) Last Name

Social Insurance Number: _____ Date of Birth: _____

Contact Information: _____
Home Phone Cell Phone Email

Marital Status: Married Divorced Single Common-Law Separated Widowed

Optional Self Declaration: First Nations Metis Inuit Senior Citizen

Please list all people living in the home, including children:

Name	Gender	Date of Birth	Relationship to Owner	Source of Income (if applicable)

If you receive income assistance, please provide:

Worker's Name: _____ Phone Number: _____

Property Information:

Legal Land Description: _____
Lot Block Plan Extension

Have you received program assistance from SHC in the past? Yes No

When: _____ Which Program: _____

Is your property title free of defects? Yes No

If no, list lien/writ/judgement. _____

Type of Repairs:

Please select any of the following repairs that your home requires:

- Type of disability modifications: _____

- Other repairs: _____

Declaration/Consent:

- The applicant declares that all the facts given in this application form are true and complete.
- The applicant declares that the property listed in this application form is where they live for six (6) or more months of the year.
- The applicant acknowledges and agrees that any work started before getting approval in writing from Saskatchewan Housing Corporation (SHC) is not eligible for program funding.
- The applicant gives consent to SHC and its agents to use and disclose any of the facts given in this application form for any of these reasons:
 - * to confirm household income;
 - * to confirm eligibility for program funding;
 - * to collect any amount owing to SHC;
 - * to Canada Mortgage and Housing Corporation for research purposes to assess the effectiveness of the program; and
 - * to program funding partners for audit purposes.
- The applicant authorizes SHC or its agents to conduct an inspection(s) of the applicant's property for the purposes of confirming eligibility for program funding and that any approved work has been completed.
- The applicant acknowledges and agrees that the facts given in this application form will be kept and disposed of as required by *The Archives and Public Records Management Act*.
- The applicant agrees that SHC may contact them from time to time for the purpose of conducting any client-related surveys about Repair Programs.
- The applicant understands this application does not obligate SHC to approve funding.

_____	_____
Applicant Signature	Date
_____	_____
Applicant Signature	Date

Saskatchewan Home Repair Program

Please include all assets owned by household members. When calculating the value of your assets, use today's value. Refer to the following pages for a full description of each asset type.

Asset Type	Applicant	Applicant	Other Household Members
Cash and Cash Equivalents			
Cash	\$	\$	\$
Bank accounts <i>(including Tax Free Savings Account)</i>	\$	\$	\$
Capital gains	\$	\$	\$
Compensation <i>(impairment, death, disputes)</i>	\$	\$	\$
Insurance settlements	\$	\$	\$
Other financial awards	\$	\$	\$
Investments			
Stocks and bonds	\$	\$	\$
Shares, options and warrants	\$	\$	\$
Commodities	\$	\$	\$
Guaranteed Investment Certificates	\$	\$	\$
Mineral rights, and oil and gas leases	\$	\$	\$
Pensions <i>(Senior household applicants only)</i>			
Registered Retirement Savings Plan	\$	\$	\$
Company and private pensions	\$	\$	\$
Other registered savings	\$	\$	\$
Real Estate <i>(equity only)</i>			
Secondary residence and vacation homes	\$	\$	\$
Rental property	\$	\$	\$
Business	\$	\$	\$
Farm and agri-business	\$	\$	\$
Primary Vehicle <i>(excess value - see details on the following page)</i>	\$	\$	\$
Secondary and Recreational Vehicles	\$	\$	\$
Valuable Personal Effects <i>(e.g. jewelry, antiques, tools, electronics, etc.)</i>	\$	\$	\$
TOTAL ASSETS	\$	\$	\$

I/We hereby declare the information provided on the Asset Declaration form is true, correct and complete.

Applicant:

Print Name	Signature	Date

Applicant:

Print Name	Signature	Date

Other Household Members:

Print Name	Signature	Date

Saskatchewan Home Repair Program - Description of Assets

Assets include the following:

1. Cash and Cash Equivalents – Cash on hand or money in bank accounts held by any member of the household, regardless of source, such as:

- * balances in savings, chequing and Tax Free Savings accounts
- * lump sum payments
- * insurance settlements
- * capital gains
- * lottery winnings and winnings from gambling
- * monetary compensation (e.g., *Residential Schools Settlement Agreement*) or other financial awards

2. Investments – Financial instruments with the intent of profitable returns in the form of interest, dividends, or appreciation value, such as:

- * stocks, bonds, shares, options and warrants
- * mutual funds
- * commodities
- * Guaranteed Investment Certificates
- * mineral rights
- * oil and gas leases

Does not include locked in investments that are inaccessible and remain untouched.

3. Pensions (*senior households only*) – Deferred income saved or invested for retirement expenses, including:

- * Registered Retirement Savings Plans (RRSPs)
- * other registered savings

Does not include income converted to create an income stream, such as a Registered Retirement Income Fund (*income generated from this account is included in household income*).

4. Equity in Personal Real Estate – Equity (*asset value minus the amount owing on the asset*) in real estate owned by the household.

5. Equity in Income Generating Asset – Equity (*asset value minus the amount owing on the asset*) in an asset owned by the household that generates income, regardless of whether or not the household is actively participating in the operation of the asset, such as:

- * Real estate holdings that generate income through rent or capital gains, including:
 - ◇ land
 - ◇ residential rental property (*apartment building, townhouse, house, etc.*)
 - ◇ commercial rental property

- * Assets related to the operation of a business, including:
 - ◇ land
 - ◇ buildings
 - ◇ stock and inventory
 - ◇ raw materials
 - ◇ tools and equipment
 - ◇ cash and cash equivalents
 - ◇ furnishings and fixtures
- * Farm or agricultural assets required to operate a farm, including:
 - ◇ land
 - ◇ buildings (*barns, farmhouse, outbuildings*)
 - ◇ tools and equipment
 - ◇ machinery
 - ◇ livestock
 - ◇ inventories

6. Primary Vehicle – The value of one vehicle per household is excluded from the calculation of assets provided that the value does not exceed \$35,000. INCLUDE ONLY the value of the household's primary transportation vehicle **in excess** of \$35,000 which is the current maximum depreciation value, as determined by Canada Revenue Agency.

7. Secondary and Recreational Vehicles

- * A secondary vehicle is a vehicle (*car, truck*) that is not the primary vehicle the household uses as transportation.
- * A recreational vehicle is a vehicle used for recreational purposes, such as a boat, motor home, trailer, all terrain vehicle and snowmobile.

8. Valuable Personal Effects

- * Items that have value and are not essential for day-to-day living, such as:
 - ◇ jewelry
 - ◇ antiques (*family heirlooms are included unless they are used in the daily operation of the household*)
 - ◇ tools that are not used to maintain employment or generate income
 - ◇ electronics
 - ◇ collectibles
- * Does not include:
 - ◇ personal effects necessary to maintain the household (*furniture and other household items*)
 - ◇ disability related items, such as lifts, wheelchairs, beds and other medical equipment

To the Health Care Practitioner:

The information requested on this form is required to confirm eligibility for your patient to access assistance through the Saskatchewan Home Repair Program, Adaptation for Independence. This program provides financial assistance to modify units to improve the accessibility for a household member with a housing related disability to live independently.

Name of Patient: _____

How long has the patient been under your care? _____

Diagnosis:

State the medical diagnosis related to the physical impairment and describe the restriction and devices used (please print). _____

Disability Needs:

Please check off the types of modifications that are needed to accommodate the disability:

- Installation of a ramp or lift to gain entrance to the home
- Widening of doorways to accommodate a wheelchair
- Modifications to a bathroom to accommodate a wheelchair or walker
- Installation of grab bars in the bathroom
- Installation of handrails
- Replacing door handles and taps with lever style handles and taps
- Other/comments: _____

Certification:

As a qualified healthcare practitioner, I certify that to the best of my knowledge the information given in this form is correct and complete.

Print your name: _____ Phone Number: _____

Profession: _____

Signed: _____ Date: _____