

Repair and Renovation

Adaptation for Independence - Rental

- Provides financial assistance for rental property owners to modify their properties to improve the accessibility for tenants with low incomes and 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:

- Rental property owners must rent units to households that have a low income and include a person with a housing-related disability.
 - * Rental property owners must keep rents affordable based on the Saskatchewan Housing Corporation rent schedule for the term of the loan.
 - * The annual household income must be at or below the income limits established 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 - Rental

Saskatchewan Home Repair Program

Eligibility

To be eligible for the program, rental owners must:

- rent to tenants with an annual household income at or below limits established by Saskatchewan Housing Corporation (SHC);
- rent modified units to tenants with a housing-related disability; and
- maintain affordable rents based on SHC's rent schedule for the term of the loan.

Required Documents

Please complete this form in full and submit it to our office with ALL of the following information:

- A copy of the most recent property tax notice showing taxes have been paid.
- A copy of current insurance coverage for the full replacement value of the property.
- A copy of a recent appraisal or estimate of the property value from a local realtor.
- Confirmation of all debts owing on the property (e.g. mortgage, line of credit, etc.)
- A copy of a revenue and expense (profit and loss) statement for the property, OR a copy of the most recent audited financial statements for the company (if incorporated).
- A Verification of Disability form completed by the tenant's physician or health care practitioner.
- A Tenant Income Declaration/Consent form for each occupied unit, signed and dated by the tenant.

Note: Program funding is limited. Only completed applications will be considered.

Please direct completed applications and/or program questions to:

Saskatchewan Home Repair Program

11th Floor - 1920 Broad Street

Regina, SK S4P 3V6

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Adaptations for Independence - Rental

Saskatchewan Home Repair Program

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

Note: Bedroom counts refer to the number of bedrooms required to accommodate household members, not the number of bedrooms in a specific unit.

Monthly Maximum Rents

(as of July 1, 2023)

One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom	Rooming House
\$1,010	\$1,250	\$1,490	\$1,940	\$610

Note: Median market rents apply to the number of bedrooms in a specific unit, not the number of bedrooms required by the household members.

Company Information

Company Name		
Corporate Number	Contact Name	
Mailing Address	Town/City	Postal Code
Telephone	Fax	Email

Private Owner Information

First Name	Middle Name	Last Name
Mailing Address	Town/City	Postal Code
Telephone	Alternate Telephone	
Fax	Email	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		

Co-Owner or Alternate Contact Information

First Name	Middle Name	Last Name
Mailing Address	Town/City	Postal Code
Telephone	Alternate Telephone	
Fax	Email	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		

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

If yes, please describe:

Program Name	Year
Address	Amount Received

Declaration/Consent:

I acknowledge and agree that any work started before getting approval in writing from Saskatchewan Housing Corporation (SHC) is ineligible for program funding.

I acknowledge and agree that all repairs required to bring my property up to a minimum health and safety standard must be completed prior to the release of program funds.

I authorize SHC and/or its agents to conduct an inspection or inspections of my property for the purpose of confirming eligibility for program funding.

I give consent to SHC to use and disclose any of the information given in this application form for any of these reasons:

- to confirm eligibility for program funding;
- for research purposes to assess the effectiveness of the program; and
- for audit and evaluation purposes to Government of Saskatchewan stakeholders, including, but not limited to, the Saskatchewan Ministry of Finance and Saskatchewan Ministry of Social Services.

I understand that program funding will be subject to the availability of funds and will be advanced on a first come, first served basis.

I understand this application is not an agreement and does not obligate SHC to approve any funding.

I understand that the information provided by me in this application will be retained and disposed of in accordance with *The Archives and Public Records Management Act* of the Province of Saskatchewan.

I hereby certify that all of the information given in this application is true, complete, and correct.

Property Owner	Signature	Date
Property Owner	Signature	Date

OR

Company Name

(Seal)

Per

Per

Building Information

Civic Address	Town/City	Postal Code				
Legal Land Description:	Lot	Block	Plan	Extension		
Building Type:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Semi-detached	<input type="checkbox"/> Duplex	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Secondary Suite	<input type="checkbox"/> Single Story Apartment
	<input type="checkbox"/> Low Rise Apartment	<input type="checkbox"/> High Rise Apartment	<input type="checkbox"/> Other			
Is the property a multiple unit building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If yes, how many units are in the building?	_____					

Unit Information

Unit Types	Number of Each Type of Unit	Rent Charged Per Unit
Rooming House		\$
Bachelor		\$
One Bedroom		\$
Two Bedroom		\$
Three Bedroom		\$
Other		\$

How many units are vacant? _____

Are utilities included in rent?

Yes

No

If yes, which ones? _____

Tenant Information

What is your tenant's special need or disability? _____

How many units are currently rented to tenants who require disability modifications and are below the applicable income threshold? _____

Note: Funding is based on units rented to clients below the applicable income threshold. If it is determined that your property is eligible for the program, you will be required to have your tenants complete a declaration verifying their household income.

Tenant Income Declaration/Consent:

Saskatchewan Housing Corporation (SHC) and Canada Mortgage and Housing Corporation (CMHC) fund programs to provide financial assistance to landlords to complete modification repairs on rental properties occupied by low-income households that include a person with a housing-related disability. Property owners are required to verify tenant household income at time of initial occupancy and when a change in tenancy occurs. Loan forgiveness is earned based on suites being rented to tenants whose household income meets limits set by SHC. Each household is asked to complete the following declaration verifying their household income. Disclosure is voluntary on the part of the tenant(s) and all information is kept strictly confidential.

Total Household Income is equal to the sum of the following and must be reported by all individuals in the household:

- salary, wages, commission, rents, investment income, part-time earnings, tips, self-employment income, spousal support and child maintenance payments received;
- Employment Insurance Benefits;
- Old Age Security Pension, Guaranteed Income Supplement, Pensions, withdrawals from RRSPs when made on regular basis (e.g. annual), or annuities;
- training allowances, Provincial Training Allowance (PTA)/Provincial Youth Allowance (PYA); forgivable student loans, potentially forgivable student loans, student grants and student bursaries.

Owner/Landlord	SHC Reference Number		
Property Address:	Apt #	Civic Address	Town/City
Number of Bedrooms in Unit?	Monthly Rent?		
Client Type:	<input type="checkbox"/> Senior	<input type="checkbox"/> Family	<input type="checkbox"/> Single
Optional Self-Declaration:	<input type="checkbox"/> First Nation	<input type="checkbox"/> Inuit	<input type="checkbox"/> Métis
Is this household in receipt of the Saskatchewan Rental Housing Supplement?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration/Consent:

(For all tenants 18 years of age and older)

- I/We hereby declare that the income stated is my/our annual gross household income from all sources;
- I/We hereby grant permission/consent to the disclosure and use of any information provided by me/us in this application to SHC to disclose and use any information provided by me/us for the purpose of determining the landlord's eligibility for funding;
- I/We hereby grant permission/consent to the disclosure and use of any information provided by me/us in this application to SHC and/or CMHC for the purpose of conducting program evaluations and/or CMHC for audit purposes;
- I/We understand that the information provided by me/us in this application will be retained and disposed of in accordance with The Archives and Public Records Management Act of the Province of Saskatchewan;
- I/We hereby certify and declare that all the information contained in this declaration is true and complete in every respect.

Tenant Income Declaration/Consent: (cont'd)

List all members of the Household

All tenants 18 years of age and older:

Name	Gender (F/M/X)	Date of Birth	Source of Income	Gross Annual Income	Signature(s)	Date
Total Household Income						

All household members under the age of 18 years:

Name	Gender (F/M/X)	Date of Birth

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: _____