Adaptations for Independence - Homeowner

The Adaptations for Independence – Homeowner program offers financial assistance to help homeowners with low incomes improve the accessibility of their primary residence. Requested adaptations will be identified by a qualified healthcare practitioner and help a household member with a disability live more independently in the home.

Eligible homeowners can receive up to $23,000 as a forgivable loan. Adaptations completed prior to receiving written approval from SHC do not qualify. Once approval is granted, work must be completed within six months.

To be eligible, applicants must:

- have purchased their home at least six months before applying for funding;
- occupy the property as their principal residence;
- have a household member with a housing-related disability;
- have income and asset levels below the program limits (see income and asset tables below);
- have not received maximum funding through a Saskatchewan Housing Corporation (SHC) repair program in the last 15 years; and
- be in good standing with SHC.

Saskatchewan Household Income Maximums:

(as of July 1, 2026)

One Bedroom	Two Bedroom	Three Bedroom	Four+ Bedroom
$58,100	$71,300	$86,300	$103,500

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

Saskatchewan Household Asset Levels:

All Households
$300,000

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

Saskatchewan Housing Corporation

Required Documents Checklist

Please return your application to our office with the following information:

- ☐ **Property Tax Notice:** Include the last Property Tax Notice that you paid (confirming your property tax account is current).
- ☐ **Insurance Policy:** Provide 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.
- ☐ **Medical Recommendation Form:** Ask your physician or health practitioner to complete this form.
- ☐ **Proof of Household Income:**
  - ☐ **Income Tax Returns** – Include a copy of last year's income tax return for everyone in the household, including children over age 18. Full-time students must send proof that tuition has been paid to a university, college, school, or trade school.
  - ☐ **Income Tax Notice of Assessment** – Include a copy of the Canada Revenue Agency (CRA) Income Tax Notice of Assessment for every working member in the household. If you need a copy, you may ask for one by calling the CRA at 1-800-959-8281 or visiting My Account for Individuals.
- ☐ **Other Household Income:**
  - ☐ **Business, Rental, or Farming Income** – Verify by submitting copies of your most recent Income and Expense Statements.
  - ☐ **Disability or Veteran Affairs Pension** – Verify with a copy of your 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.

To Apply

Send your completed application and required documents to SHC:

Saskatchewan Home Repair Program

Mail: 11th Floor – 1920 Broad Street Regina, SK S4P 3V6

Email: repairstaff@gov.sk.ca

Fax: 1-306-798-3110

If you have any questions or would like more information, contact SHC at 1-800-667-7567.

Personal Information

Applicant

First Name _____ Middle Name _____ 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 _____

Marital Status: ◯ Married ◯ Divorced ◯ Single ◯ Common-Law ◯ Separated ◯ Widowed

Optional Self Declaration: ☐ Indigenous ☐ A visible minority ☐ A person with a disability

Co-Applicant:

First Name _____ Middle Name _____ 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: ☐ Indigenous ☐ A visible minority ☐ A person with a disability

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

Name	Gender *(F/M,X)*	Date of Birth	Relationship to Applicant	Source of Income (if applicable)

If you receive income assistance, please provide:

Name of Income Assistance Worker: _____ Phone number: _____

Property Information

Legal Land Description: _____ _____ _____ _____

Lot *Block* *Plan* *Extension*

Type of Adaptations

Please describe the adaptations that your home requires:

Household Assets

What is the total approximate value of your household assets? $ _____

Include the income of all household members 18 years and older, excluding dependants under the age of 25 who are full-time students. The value of an asset is the amount you would receive if you sold the asset less any amount owing on it. Consider:

- *cash, investments, secondary vehicles, jewelry, antiques, collectibles, real estate, retirement savings; and*
- *business tools of the trade and assets such as cash, stock, inventory, equipment, livestock, etc. (only if the business is no longer operational).*

Declaration and Consent

The applicant and co-applicant (if applicable) must read the declaration and consent. By signing this page, each person agrees to the statements below.

I give consent to SHC to collect, use, and share information that I or another party provides on the application for the purpose of:

- determining if I am eligible for the Adaptations for Independence Program (the Program); and
- confirming my household income with my employer, the Government of Saskatchewan, and/or the Government of Canada;
- collecting any amount owing to SHC;
- providing information requested as part of an audit;
- analyzing and researching Government of Saskatchewan programs and services. This might involve my information being combined with information from other Government of Saskatchewan Ministries and/or agencies, even if I am not approved for the Program; and
- analyzing and researching national housing programs. This might involve my information being used by the Government of Canada and its agents, including Statistics Canada and the Canada Mortgage and Housing Corporation (or a third party contracted by the Government of Canada).

I understand:

- if any information in my application is found to be false, my application might not be considered, or if I am approved for the Program, I might be required to return funding provided to me;
- if I am not in good standing with SHC, I might not be approved for the Program;
- any work started before receiving written approval from SHC is not eligible for funding through the Program;
- this application does not require SHC to provide me with assistance through the Program;
- SHC must handle my information as required by The Freedom of Information and Protection of Privacy Act, The Health Information Protection Act, and The Archives and Public Records Management Act;
- SHC may contact me for feedback regarding the Program;

I authorize SHC or its agents to conduct an inspection(s) of my property to confirm:

- funding eligibility; and/or
- completion of adaptations at my home.

Declaration and Consent (continued)

I declare that:

- the information provided in this application is true and complete; and
- I have owned the property listed in this application for at least six months and live in the property as my principal residence.

Signature of applicant	*Date (MM/DD/YYYY)*
Signature of co-applicant	*Date (MM/DD/YYYY)*
Signature of other adult(s)	*Date (MM/DD/YYYY)*

Medical Recommendation Form

Adaptation for Independence - Homeowner

The information requested on this form will confirm the eligibility of your patient to access assistance through the Adaptations for Independence program. This program provides financial assistance to adapt units to improve accessibility for a household member with a disability.

Name of Patient: _____

How long has the patient been under your care? _____

Impact of Disability

What is the impact of the patient's disability? Does the patient use any devices or mobility equipment? (please print).

Recommended Adaptations

Please check off the adaptations that are needed help the patient live more independently in the home:

- ☐ Installation of a ramp or lift to gain entrance
- ☐ Widening of doorways to accommodate a wheelchair or other mobility/support device
- ☐ Modifications to a bathroom to accommodate a wheelchair or other mobility/support device
- ☐ Installation of grab bars in the bathroom
- ☐ Installation of a walk-in shower or walk-in bath tub
- ☐ Installation of handrails
- ☐ Replacement of door handles and taps with lever style handles and taps
- ☐ Lowering of existing countertops or light switches
- ☐ 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: _____

Signature: _____ Date: _____

Clear form Print form