Adaptations for Independence - Rental

The Adaptations for Independence – Rental program offers financial assistance to rental property owners to improve accessibility for tenants with low incomes. Requested adaptations will be identified by a qualified healthcare practitioner and help a tenant with a disability live more independently in the home.

Eligible rental property owners can receive up to $23,000 as a forgivable loan. Adaptations completed prior to receiving written approval from Saskatchewan Housing Corporation (SHC) do not qualify. Once approval is granted, work must be completed within six months.

To be eligible, rental owners must:

- rent a unit to tenant with a housing-related disability;
- rent to a tenant whose annual income is below the program limits (see income table);
- have purchased their rental property at least six months before applying for funding;
- have not received maximum funding through a Saskatchewan Housing Corporation (SHC) repair program in the last 15 years; and
- maintain affordable rents based on SHC's rent schedule throughout the term of the loan (see Monthly Maximum Rents table below).

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.

Monthly Maximum Rents

One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom
$1,262	$1,550	$1,875	$2,250

Note: Monthly Maximum Rents apply to the number of bedrooms in an specific unit, not the number of bedrooms required by the household members.

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 full replacement value.
- ☐ **Lease Agreement:** Provide a copy of the tenant's lease agreement for your rental property.
- ☐ **Medical Recommendation Form:** Your tenant's physician or healthcare practitioner must complete this form.
- ☐ **Business Income**: Verify by submitting copies of your most recent revenue and expense statements OR copies of your most recent audited financial statements for the company (if incorporated).
- ☐ **Confirmation of Debts:** Provide confirmation of all debts owing on the property (e.g., mortgage, etc.)
- ☐ **Property Appraisal:** Provide a copy of a recent appraisal or estimate of your property value from a local realtor.
- ☐ **Tenant Income Declaration Form**: Ask your tenant to complete this form.

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

Application: Adaptations for Independence - Rental

Company Information

Company Name: _____

Contact Name: _____ Corporate Number: _____

Mailing Address: _____ _____
Address *PO Box*

_____ _____ _____
City/Town *Province* *Postal Code*

_____ _____ _____
Telephone *Fax* *Email*

Private Owner Information (applicant)

Name: _____ _____ _____
First Name *Middle Name* *Last Name*

Date of Birth: *(MM/DD/YYYY)* _____ Social Insurance Number: _____

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

Co-Owner Information (co-applicant)

Name: _____ _____ _____
First Name *Middle Name* *Last Name*

Date of Birth: *(MM/DD/YYYY)* _____ Social Insurance Number: _____

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

Property Information

Address: _____ _____ _____
Civic Address *Town/City* *Postal Code*

Legal Land Description: _____ _____ _____ _____
Lot *Block* *Plan* *Extension*

Building Type: ◯ Single Family ◯ Semi-Detached ◯ Secondary Suite ◯ Townhouse ◯ Duplex
◯ One Storey Apartment ◯ Low Rise ◯ High Rise – How many floors: _____

Is the property a multiple unit building? ◯ Yes ◯ 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? _____

Type of Adaptations

Please describe the adaptations that your tenant requires:

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 during my application for the purpose of:

- determining if I am eligible for the Adaptations for Independence Program (the Program);
- 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 rental property to confirm:

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

I declare that the information provided in this application is true and complete.

_____ _____

Signature of applicant *Date (MM/DD/YYYY)*

_____ _____

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

OR

_____

Company Name

(Seal)

_____

Per

_____

Per

Tenant Income Declaration Form

Adaptations for Independence - Rental

Saskatchewan Housing Corporation (SHC) funds programs to provide financial assistance to landlords to complete adaptations to rental properties occupied by households with low-incomes that include a person with a housing-related disability. Each household is asked to complete the following declaration to verify their household income. Disclosure is voluntary on the part of the tenant(s), and all information is kept strictly confidential.

Household Income

Include the total income of all household members 18 years and older. The value is equal to the sum of the following:

- salary, wages, commission, rents, investment income, part-time earnings, tips, self-employment income
- spousal support and child maintenance payments, Employment Insurance benefits;
- Old Age Security, Guaranteed Income Supplement, pensions, withdrawals from RRSPs (e.g. annual), or annuities; and
- training allowances, forgivable student loans, student grants and student bursaries.

List all members of the household

All 18 years of age and older must provide their gross annual income.

Name	Gender *(F/M,X)*	Date of Birth	Optional Self Declaration *(First Nation, Inuit, Métis)*	Source of Income	Gross Annual Income

What is your total approximate household income? $ 0.00

Add up the gross annual income of all household members.

Address: _____ _____

Unit Number and Address *PO Box*

_____ _____ _____

City/Town *Province* *Postal Code*

Number of Bedrooms in Unit: _____ Monthly Rent: _____

Tenant Income Declaration Form (continued)

Adaptations for Independence - Rental

Declaration and Consent

For all household members18 years of age and older. 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 during my application for the purpose of:

- determining my landlord's eligibility for the Adaptations for Independence Program (the Program);
- confirming my household income with my employer, the Government of Saskatchewan, and/or the Government of Canada;
- 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 declare that the information provided in this application is true and complete.

Signature of tenant	*Date (MM/DD/YYYY)*
Signature of other adult	*Date (MM/DD/YYYY)*
Signature of other adult	*Date (MM/DD/YYYY)*
Signature of other adult	*Date (MM/DD/YYYY)*

Medical Recommendation Form

Adaptations for Independence - Rental

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