



MUNICIPALITY APPLICATION FORM

Attach additional information where appropriate.

1. Description of the Project:

Supporting Information

Project Specifics	Description
Describe the type of housing units being proposed (i.e. single family, multi-family, condo, etc.)	
Number of units	
Location (address & legal description)	
Total construction cost of the Project	
Total cost per unit	
Developers'/Builders' proposed equity contribution to the Project (minimum 10% is required)	
Projected start and completion dates (including anticipated phases)	
Average market prices in area (average MLS for the municipality and/or neighbourhood)	
Proposed sale(s) price per unit	
Number of pre-sales (pre-sales are not a prerequisite of the program but will be considered in the overall assessment of the Project)	
Estimated number of jobs created by the Project	



Working Together to Build Saskatchewan

830, 410 22nd Street East
Saskatoon, SK - S7K 5T6

T 306.652.5557
F 306.652.8186

E info@headstartonahome.ca
W headstartonahome.ca

2. Information on the Developer/Builder (see Developer/Builder checklist for more details):

Company Name: _____

Contact Name: _____

Contact Number: _____

Expertise:

3. Describe the Municipality Engagement (i.e. down payment assistance, tax abatements, grants, etc.):

4. Sales Strategy for Entry-level Purchasers (i.e. marketing partners, brochures, show suite, website, etc.):



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5. Needs Assessment (attach formal studies such as Land Use Studies, Housing Needs Assessments, etc.):

6. Acknowledgement:

Please acknowledge your support of this project by having an **Authorized Representative** from the Municipality sign below. The acknowledgement does not create a legally binding obligation.

Date application is submitted: _____

MUNICIPALITY:

Per: _____

Name:

Position:

7. Developer/Builder

For the sole purpose of determining eligibility for the HeadStart on a Home Program, the undersigned hereby authorizes Westcap Mgt. Ltd. and consents to Westcap Mgt. Ltd. collecting for, disclosing to and/or sharing with any individual, corporation, private organization or government entity (federal, provincial, municipal), any relevant corporate and/or personal information relating to the undersigned, its shareholders, directors, officers, key employees, agents and principals.

Per: _____

Name:

Position:

Submit the completed application to HeadStart on a Home care of Westcap Mgt. Ltd. by:
Mail: Suite 830, 410-22nd Street East; Saskatoon, SK S7K 5T6
E-mail: info@headstartonahome.ca or Fax: (306) 652-8186

01/2015