

**APPLICATION FOR FEE WAIVER CERTIFICATE**  
**For the Office of Residential Tenancies (ORT)**

PLEASE PRINT CLEARLY

**Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City/Town/Village/Hamlet: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please answer the following questions.**

1. Do you receive assistance pursuant to *The Saskatchewan Assistance Act*, as an individual or as a part of a family unit, or pursuant to *The Training Allowance Regulations*?

No  Yes (if yes, please indicate the type(s) of support and the case number(s)):

Program(s) \_\_\_\_\_ Case no.(s) \_\_\_\_\_

2. Are you receiving legal assistance and representation from one or more of the following organizations?

No  Yes ----- The Saskatchewan Legal Aid Commission;

No  Yes ----- Pro Bono Law Saskatchewan;

No  Yes ----- Community Legal Assistance Services for Saskatoon Inner City Inc. (CLASSIC).

**If you responded "Yes" to questions 1 or 2, please proceed to question 7.**

**If you responded "No" to questions 1 and 2, please answer questions 3, 4, 5 and 7.**

3. How many people reside in your household? \_\_\_\_\_

4. What is the total gross (before deductions) **ANNUAL** income for your household? \$ \_\_\_\_\_

5. What is the total value of your household assets, after subtracting debt owing on these assets? \$ \_\_\_\_\_

List these assets with their dollar value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** When calculating the value of your household assets, **exclude** the primary residence (family home) and its furnishings and appliances, clothing, and medical and dental aids or similar devices. **Include** bank accounts, cash, land (other than the land that the family home is located on), vehicles and recreational devices (boats, motor homes and ATVs), second homes or cottages, and other similar assets.

**APPLICATION FOR FEE WAIVER CERTIFICATE – Cont’d.**

6. In certain cases, an applicant who does not meet normal eligibility requirements for a fee waiver certificate may still qualify for a certificate under special circumstances. (Examples: recent loss of employment, medical expenses or financial dependence on an opposing party such as a spouse in family law proceedings). Please describe below any special circumstances affecting you or the members of your household that you would like to have considered as part of your application. (If you require extra room, please attach an additional page.)

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7. Are you being represented by a lawyer, other than a lawyer who is providing legal services through an organization named in question 2?

No  Yes

8. If you answered “Yes” to question 7, have you entered in to an agreement with the lawyer by which you are not required to pay the cost of fees and disbursements (costs such as court filing fees) or are only required to pay the cost of fees disbursements if you are successful in your matter?

No  Yes

I certify that this information is true and complete to the best of my knowledge and belief, and agree to provide any materials or records, if requested, to confirm the information in this application. I understand that if any of the information I have provided in this application changes in the future, I must report this change to the ORT.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature of Applicant

**NOTE:** The official, court or public body that is administering your fee waiver application may request additional evidence to support your application. You may be denied a Fee Waiver Certificate if you fail to provide materials or records that are requested in support of this application. Information provided in this application will be used solely for the purpose of assessing your eligibility for a fee waiver certificate pursuant to *The Fee Waiver Act*.

**(For Office Use Only)**

Applicant is eligible for a Fee Waiver Certificate pursuant to *The Fee Waiver Act*.

No  Yes

\_\_\_\_\_   
Received by

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date received

\_\_\_\_\_   
Reviewed/Issued by

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date reviewed

Decision communicated to the applicant by:  Mail  Email  In person, on \_\_\_\_\_ by \_\_\_\_\_