

CHECKLIST FOR PROGRAM APPLICATION:

IN ORDER TO PROCESS YOUR APPLICATION, PLEASE ENSURE THAT YOU HAVE COMPLETED THE FOLLOWING STEPS:

- 1. CONSULT AN NHC REPRESENTATIVE REGARDING THE DOCUMENTS THAT WILL BE REQUIRED FOR YOUR APPLICATION – **HOMEOWNERSHIP COORDINATOR, 844-413-9355, HOMEOWNERSHIP@NUNAVUTHOUSING.CA**

- 2. FILL OUT AND SUBMIT THE NUNAVUT HOUSING CORPORATION PROGRAM APPLICATION INFORMATION FORM (PAGE 2)

- 3 (A). PROVIDE ONE OF THE FOLLOWING FOR THE PRIMARY APPLICANT:
 - CANADA REVENUE AGENCY CONSENT FORM (PAGE 5)
 - OR**
 - EMPLOYMENT VERIFICATION OF INCOME FORM (PAGE 6)*

- 3 (A). IF APPLICABLE, PROVIDE ONE OF THE FOLLOWING FOR THE CO-APPLICANT:
 - CANADA REVENUE AGENCY CONSENT FORM (PAGE 5)
 - OR**
 - EMPLOYMENT VERIFICATION OF INCOME FORM (PAGE 6)*

- 4. COMPLETE THE FOLLOWING DEPENDING ON THE PROGRAM FOR WHICH YOU ARE APPLYING:

<i>NDAP, IFP OR TOP:</i>		<i>REPAIR AND MAINTENANCE PROGRAMS:</i>
<input type="checkbox"/> 5(A). FILL OUT AND SUBMIT THE HOMEOWNERSHIP ASSISTANCE PROGRAM INFORMATION FORM (PAGE 3) AND 5(B). PROVIDE ONE OF THE FOLLOWING: <input type="checkbox"/> OFFER TO PURCHASE OR <input type="checkbox"/> CONTRACT TO BUILD AND 5(C). PROVIDE ONE OF THE FOLLOWING: <input type="checkbox"/> BANK LETTER OF COMMITMENT FOR MORTGAGE OR <input type="checkbox"/> BANK LETTER OF COMMITMENT FOR INTERIM FINANCING OR <input type="checkbox"/> PROOF OF ALTERNATIVE FINANCING	OR	<input type="checkbox"/> 5(A). FILL OUT AND SUBMIT THE REPAIR RENOVATION AND MAINTENANCE PROGRAM INFORMATION FORM (PAGE 4) AND <input type="checkbox"/> 5(B). PROVIDE A COPY OF THE HOUSE INSURANCE POLICY FOR THE PROPERTY AND <input type="checkbox"/> 5(C). LEGAL DESCRIPTION OF YOUR PROPERTY (LOT/BLOCK/PLAN) OR A COPY OF YOUR LAND LEASE

- 6. PROVIDE A PHOTOCOPY OF THE HEALTH CARD(S) OF THE APPLICANT(S), IF REQUIRED BY NHC STAFF.

**NOTE: FOR APPLICANTS WITH MULTIPLE EMPLOYERS WHO ARE SUBMITTING EMPLOYMENT VERIFICATION OF INCOME FORMS, SEPARATE FORMS WILL BE REQUIRED FROM EACH EMPLOYER.*



NUNAVUT HOUSING CORPORATION PROGRAM APPLICATION INFORMATION FORM

NHC HEADQUARTERS, P.O. BOX 480, ARVIAT, X0C 0E0, ☎ (844) 413-9355 📠 (867) 857-4099

FOR NHC OFFICE USE ONLY:	DISTRICT:	COMMUNITY:	DATE RECEIVED (DD.MM.YYYY): DATE EVALUATED (DD.MM.YYYY):
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PROGRAM(S) BEING APPLIED FOR: <i>HOME PURCHASE ASSISTANCE:</i> <input type="checkbox"/> NUNAVUT DOWN-PAYMENT ASSISTANCE PROGRAM (NDAP) <input type="checkbox"/> INTERIM FINANCING PROGRAM (IFP) <input type="checkbox"/> TENANT TO OWNER PROGRAM (TOP) <i>RENOVATION:</i> <input type="checkbox"/> HOME RENOVATION PROGRAM (HRP)	<i>REPAIR / MAINTENANCE:</i> <input type="checkbox"/> EMERGENCY REPAIR PROGRAM (ERP) <input type="checkbox"/> HEATING OIL TANK REPLACEMENT PROGRAM (HOTRP) <input type="checkbox"/> SENIOR CITIZEN HOME REPAIR PROGRAM (SCHRP) <input type="checkbox"/> SENIORS AND PERSONS WITH DISABILITIES PREVENTATIVE MAINTENANCE PROGRAM (SPDPMP)
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PRIMARY APPLICANT:				DEPENDENTS:				
LAST NAME:	FIRST NAME:	MIDDLE NAME:	NLCB	NAME	AGE	SEX	RELATIONSHIP	
DATE OF BIRTH (DD.MM.YYYY)	NUNAVUT LAND CLAIMS BENEFICIARY? (Y / N)	SOCIAL INSURANCE NUMBER:						
COMMUNITY:	HOUSE #:	PO BOX:						
		POSTAL CODE:						
☎ HOME	☎ WORK EX.	📠 HOME <input type="checkbox"/> WORK <input type="checkbox"/>						
EMAIL:								
CO-APPLICANT (IF APPLICABLE):								
RELATIONSHIP WITH PRIMARY APPLICANT:								
LAST NAME:	FIRST NAME:	MIDDLE NAME:						
DATE OF BIRTH (DD.MM.YYYY)	NUNAVUT LAND CLAIMS BENEFICIARY? (Y / N)	SOCIAL INSURANCE NUMBER:						
COMMUNITY:	HOUSE #:	PO BOX:						
		POSTAL CODE:						
☎ HOME	☎ WORK EX.	📠 HOME <input type="checkbox"/> WORK <input type="checkbox"/>						
EMAIL:								

PROGRAM ELIGIBILITY INFORMATION:	PRIMARY APPLICANT	CO-APPLICANT
YEARS LIVED IN NUNAVUT BEFORE APPLICATION:		
THIS HOME WILL BE/IS USED AS YOUR PRINCIPAL RESIDENCE?	Y / N	Y / N
HAVE YOU OWNED A HOME IN THE LAST 5 YEARS?	Y / N	Y / N
DO YOU HAVE ARREARS WITH ANY HOUSING ASSOCIATION, HOUSING AUTHORITY OR NHC?	Y / N	Y / N
ARE YOU CONSIDERED LEGALLY DISABLED?	Y / N	Y / N
HAVE YOU RECEIVED A GRANT/SUBSIDY FROM NHC?	Y / N	Y / N
IF YES , PLEASE SPECIFY THE PROGRAM(S):		

IN ADDITION TO THIS PAGE, PLEASE FILL OUT EITHER **PAGE 2 OR PAGE 3**, DEPENDING ON THE PROGRAM TO WHICH YOU ARE APPLYING. FOR THE *NUNAVUT DOWNPAYMENT ASSISTANCE PROGRAM (NDAP)* OR THE *INTERIM FINANCING PROGRAM (IFP)*, PLEASE FILL OUT PAGE 2 (REQUIRES PURCHASE/DEVELOPMENT AND FINANCING DOCUMENTATION); FOR ALL OTHER PROGRAMS, PLEASE FILL OUT PAGE 3 (REQUIRES INSURANCE DOCUMENTATION).

IN ADDITION, YOUR APPLICATION MUST INCLUDE THE CANADA REVENUE AGENCY CONSENT FORM (PAGE 4). AN EMPLOYMENT VERIFICATION OF INCOME AND/OR STATUTORY DECLARATION MAY ALSO BE REQUESTED.

A PHOTOCOPY OF YOUR HEALTH CARD MAY BE REQUIRED AS PART OF THIS APPLICATION.

PLEASE CONTACT NHC HEADQUARTERS FOR ASSISTANCE OR CLARIFICATION REGARDING WHICH FORMS WILL BE REQUIRED IN YOUR CASE:
TOLL FREE: 1-844-413-9355, OR E-MAIL: HOMEOWNERSHIP@NUNAVUTHOUSING.CA

HOMEOWNERSHIP ASSISTANCE PROGRAM INFORMATION FORM

HOUSING INFORMATION:

PLEASE SELECT THE TYPE OF HOUSING THAT THE PRIMARY APPLICANT CURRENTLY LIVES IN:

PUBLIC HOUSING PRIVATELY RENTED GN STAFF HOUSING OTHER (SPECIFY):

LAWYER INFORMATION:

NAME OF LAWYER:	COMPANY:	
ADDRESS (INCLUDING COMMUNITY):		
EMAIL:	☎:	✉:

LOCATION OF UNIT TO BE PURCHASED OR BUILT:

PHYSICAL ADDRESS (HOUSE NUMBER):	COMMUNITY:
LOT, PLAN & BLOCK NUMBER:	LAND LEASE NUMBER:
DO YOU HAVE TITLE OR LEASEHOLD OF THE LAND YOU ARE PLANNING TO BUY OR BUILD ON? (Y / N)	

COMPLETE FOR UNITS TO BE PURCHASED:

NAME OF OWNER:	REAL ESTATE COMPANY:
PURCHASE PRICE: \$	REAL ESTATE AGENT:
IS FINANCING IN PLACE? (Y / N)	ESTIMATED CLOSING DATE – DD.MM.YYYY:

COMPLETE FOR UNITS TO BE BUILT:

WHO WILL BUILD THE HOUSE? (CONTRACTOR / OWNER):	LOT FEE:	\$
START DATE – DD.MM.YYYY:	CONTRACTOR NAME AND ADDRESS (IF APPLICABLE):	LABOUR COSTS: \$
FINISH DATE – DD.MM.YYYY:		MATERIAL COSTS: \$
IS INTERIM FINANCING IN PLACE? (Y / N)		TOTAL COSTS: \$

BANK INFORMATION:

NAME OF BANK:	ADDRESS:	
CONTACT NAME:	TITLE FOR CONTACT:	
☎:	✉:	EMAIL:

REQUIRED ATTACHMENTS:

PLEASE MAKE SURE THE FOLLOWING FORMS ARE COMPLETED AND ATTACHED TO THIS APPLICATION:

PURCHASE/DEVELOPMENT:	<input type="checkbox"/> OFFER TO PURCHASE OR <input type="checkbox"/> CONTRACT TO BUILD
FINANCING:	BANK LETTER OF COMMITMENT FOR... <input type="checkbox"/> MORTGAGE / <input type="checkbox"/> INTERIM FINANCING OR <input type="checkbox"/> PROOF OF ALTERNATE FINANCING
VERIFICATION OF INCOME:	CANADA REVENUE AGENCY CONSENT FORM REQUIRED FOR EACH APPLICANT

DECLARATION

I/WE CERTIFY THAT THE STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I/WE UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE THIS APPLICATION MAY BE REJECTED AND ANY ASSISTANCE GRANTED IS TO BE REPAYED IN FULL. THE NUNAVUT HOUSING CORPORATION IS COMMITTED TO PROTECTING PERSONAL PRIVACY. INFORMATION IS COLLECTED, USED AND DISCLOSED IN ACCORDANCE WITH THE ACCESS TO INFORMATION AND PRIVACY ACT. I/WE UNDERSTAND THAT THE INFORMATION PROVIDED WILL BE USED ONLY FOR THE PURPOSE OF NUNAVUT HOUSING CORPORATION PROGRAMS. I/WE FURTHER AGREE AND CONSENT THAT INQUIRIES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE ASSISTANCE HEREBY APPLIED FOR.

SIGNATURE OF APPLICANT	
	DAY MONTH YEAR
SIGNATURE OF CO-APPLICANT	
	DAY MONTH YEAR

REPAIR, RENOVATION AND MAINTENANCE PROGRAM INFORMATION FORM

HOUSING INFORMATION:

DO YOU HAVE TITLE OR LEASEHOLD OF THE LAND ON WHICH THE HOME IS LOCATED? (Y / N)			
PHYSICAL ADDRESS (HOUSE NUMBER):	LOT, BLOCK, PLAN #:	LAND LEASE #:	CERT. OF TITLE #:
AGE OF HOUSE ?	MAY AN NHC OFFICER INSPECT YOUR HOME TO EXAMINE ITS PRESENT CONDITION? (Y / N)		

HOUSE INSURANCE: (PLEASE ATTACH PHOTOCOPY)

EXPIRY DATE OF HOUSE INSURANCE (DD.MM.YYYY):	INSURANCE COMPANY :
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NOTES: FOR REPAIR PROGRAMS, DESCRIBE WORK TO BE DONE OR ATTACH SEPARATE SHEET

WHAT YEAR WAS YOUR HOUSE BUILT?	NUMBER OF BEDROOMS:
HOUSE TYPE: <input type="checkbox"/> NTR <input type="checkbox"/> HAP <input type="checkbox"/> GN STAFF <input type="checkbox"/> DAP OR EDAP <input type="checkbox"/> OTHER (SPECIFY):	

PLEASE DESCRIBE NECESSARY REPAIR(S) AND PROVIDE REASON(S) THE REPAIR(S) ARE REQUIRED

HEALTH AND SAFETY REPAIRS:

SUITABILITY: (IS HOUSE OVERCROWDED ACCORDING TO NATIONAL OCCUPANCY STANDARDS?)

--

ENERGY CONSERVATION REPAIRS:

--

REQUIRED ATTACHMENTS:

PLEASE MAKE SURE THE FOLLOWING FORMS ARE COMPLETED AND ATTACHED TO THIS APPLICATION:

HOUSE INSURANCE:	PHOTOCOPY OF POLICY
VERIFICATION OF INCOME:	CANADA REVENUE AGENCY CONSENT FORM REQUIRED FOR EACH APPLICANT

DECLARATION

I/WE CERTIFY THAT THE STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I/WE UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE THIS APPLICATION MAY BE REJECTED AND ANY ASSISTANCE GRANTED IS TO BE REPAID IN FULL. THE NUNAVUT HOUSING CORPORATION IS COMMITTED TO PROTECTING PERSONAL PRIVACY. INFORMATION IS COLLECTED, USED AND DISCLOSED IN ACCORDANCE WITH THE ACCESS TO INFORMATION AND PRIVACY ACT. I/WE UNDERSTAND THAT THE INFORMATION PROVIDED WILL BE USED ONLY FOR THE PURPOSE OF NUNAVUT HOUSING CORPORATION PROGRAMS. I/WE FURTHER AGREE AND CONSENT THAT INQUIRIES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE ASSISTANCE HEREBY APPLIED FOR.

SIGNATURE OF APPLICANT				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">DAY</td> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">YEAR</td> </tr> </table>	DAY	MONTH	YEAR
DAY	MONTH	YEAR		
SIGNATURE OF CO-APPLICANT				
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DAY	MONTH	YEAR		



NUNAVUT HOUSING CORPORATION

HEADQUARTERS OFFICE
 BOX 480, ARVIAT, NU X0C 0E0

☎ 844-413-9355 📠 (867) 857-4099

Canada Revenue Agency Consent Form

**ATTENTION: CANADA REVENUE AGENCY
 FAX # 819-536-4654**

Dear Sir or Madam:

I require the following information to support the verification of my income. This information will be used to determine my eligibility for financial assistance or subsidy under Nunavut Housing Corporations Homeownership Programs. I request CANADA REVENUE AGENCY to provide the Nunavut Housing Corporation with information to verify my income. If further information is required, please contact the sender as indicated at the top of this page.

I understand and accept that FAX transmissions may involve some security risks where delicate and confidential information is involved.

APPLICANT

NAME: COMMUNITY:	SOCIAL INSURANCE NUMBER: - -
SIGNATURE:	DATE: DAY MONTH YEAR

**Please provide my income tax summary, showing total income line 150,
 for the following years:**

- 2014
- 2015
- 2016

-FOR CRA USE ONLY-

I hereby certify that the attached documentation is a true statement of income for the person named above.

COMPLETED BY:	TITLE:
SIGNATURE:	DATE: DAY MONTH YEAR

CRA, PLEASE RETURN BY FAX TO THE
 NUNAVUT HOUSING CORPORATION HEADQUARTERS OFFICE (867-857-3041)



NUNAVUT HOUSING CORPORATION

HEADQUARTERS OFFICE
BOX 480, ARVIAT, NU X0C 0E0

☎ (844) 413-9355 📠 (867) 857-4099

EMPLOYMENT VERIFICATION OF INCOME FORM

INSTRUCTION TO CLIENT/APPLICANT: PLEASE SIGN IN THE SPACE **EMPLOYEE'S SIGNATURE**, AND GIVE TO EMPLOYER TO COMPLETE.

INSTRUCTIONS TO EMPLOYER: PLEASE COMPLETE, SIGN AND RETURN TO:
THE NUNAVUT HOUSING CORPORATION
ATTENTION: HOMEOWNERSHIP PROGRAMS COORDINATOR
FAX NUMBER: (867) 857-4099

NOTE: THIS INFORMATION IS REQUESTED AS A CONDITION OF ACCESS TO HOMEOWNERSHIP PROGRAMS WITH THE NUNAVUT HOUSING CORPORATION. ***ALL INFORMATION WILL BE HELD ACCORDING TO ACCESS TO INFORMATION AND PERSONAL PRIVACY REGULATIONS.***

PLEASE PRINT

EMPLOYEE'S NAME:		EMPLOYER:	
		ADDRESS:	
# YEARS EMPLOYED:	PRESENT POSITION:	☎	📠

EMPLOYEE'S SIGNATURE: _____

EMPLOYER – PLEASE FILL OUT THE SECTION BELOW:

REGULAR RATE OF PAY	\$	PER HOUR	\$	PER YEAR
FOR HOURLY EMPLOYEES ONLY:		HOUSING ALLOWANCE:	\$	PER YEAR
AVERAGE NUMBER OF HOURS WORKED PER WEEK:		HOUSEHOLD ALLOWANCE:	\$	PER YEAR
		SETTLEMENT ALLOWANCE:	\$	PER YEAR
		NORTHERN ALLOWANCE:	\$	PER YEAR
ESTIMATED NUMBER OF WEEKS PAID IN THE YEAR:		ANY OTHER ALLOWANCE: (E.G. ISOLATED POST, ETC.)	\$	PER YEAR
		BI-LINGUAL BONUS:	\$	PER YEAR
		VACATION TRAVEL ASSISTANCE:	\$	PER YEAR
		OTHER (SPECIFY):	\$	PER YEAR

EMPLOYMENT STATUS: INDETERMINATE TERM CONTRACT CASUAL

EXPECTATION OF CONTINUED EMPLOYMENT: YES NO

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY (PRINT NAME): _____ POSITION: _____

SIGNATURE: _____ DATE: _____