

Application for Rental Assistance

DEFINITIONS

1 Total Household Income means all forms of income before taxes for all persons in the Household

Income Included

- (a) Wages, salaries and self-employed income;
- (b) Northern Allowance;
- (c) Employment Insurance Benefits;
- (d) All employer paid allowances.

Income Excluded

- (a) Child Tax Credit Payments;
- (b) Income from any household member in full time attendance at school except for salary while on Educational Leave;
- (c) Treaty and Land Claim payments to individuals;
- (d) Foster child support;
- (e) Retraining allowances;
- (f) Social Assistance;
- (g) Loans, grants and bursaries for education or business.

2 Dependents include your spouse/partner and any other eligible dependents as per the NEU Collective Agreement, plus students.

3 Maximum percentages of total household income:

- (a) Under \$90,000 20%
- (b) \$90,000 - \$110,000 25%
- (c) Over \$110,000 30%

4 **Send Application and Verification of Income To:**
 Staff Housing Division
 Nunavut Housing Corporation
 Box 1000, Station 1300
 Iqaluit, NU X0A 0H0

Or Fax to:

(867) 975-7222

Attention: Finance Officer

Reserved for NHC use only

Base rent:		
Size of unit (m ²)		
Additions to rent:		Included?
Fuel	\$ 0.91	
Electricity	\$1.08	
Water/Sewer	\$1.12	
sub total utilities		
Furniture	\$0.80	
Other		
Total Additions to rent		
Total monthly rent		



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 NUNAVUT HOUSING CORPORATION
 LA SOCIÉTÉ D'HABITATION DU NUNAVUT
 NUNAVUNMI IGLULIQIYIIRYUAT

Nunavut Housing Corporation
 Staff Housing Division
 Box 1000, Station 1300, Iqaluit, NU X0A 0H0
 Phone No. (867) 975-7210 Fax No. (867) 975-7222
 Attention: **Finance Officer**

VERIFICATION OF INCOME FORM

Instruction to Client/Applicant: 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

Note: This information is requested as a condition of the employee's Rental Assistance Application with the Nunavut Housing Corporation. **All information will be held in strict confidence.**

Please Print

Employee's Name:		Employer:	
		Address:	
# Years employed:	Present Position:	Phone Number:	Fax Number:

***Employee's Signature:** _____

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
Estimate 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:

I certify that the above information is true and correct to the best of my knowledge.

Completed by (name): _____ Position: _____

Signature: _____ Date: _____