

# Neighbourhood Spruce Up Program

## Landlord Application - Tufts Cove, Dartmouth



### 1. Read before completing application

**Note - All applications must be received by August 31, 2017**

**All property owners must sign this application.**

The work carried out under this program must be completed and receipts and invoices submitted for payment on or before November 30, 2017. Payments of receipts and invoices received after this date will not be advanced.

### 2. Give your property owner information

Owner

Owner

First name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Last name: \_\_\_\_\_

Full legal name, if different: \_\_\_\_\_

Full legal name, if different: \_\_\_\_\_

Property owned by corporation?  Yes  No

If yes, full company or holding company name: \_\_\_\_\_

Name(s) on land title if it is different than the above information: \_\_\_\_\_

### 3. Give your contact information

Mailing address (street number, street name, P.O. Box, or RR#): \_\_\_\_\_

City/Town/Community: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

### 4. Give your property information

Apartment  Duplex  Mobile Home  Semi-detached  Row  Triplex  Other \_\_\_\_\_

Civic address, of property: \_\_\_\_\_

City/Town/Community: \_\_\_\_\_ Postal code: \_\_\_\_\_

Number of units: \_\_\_\_\_ How old is the property (years)? \_\_\_\_\_

Are property taxes paid up to the current year?  Yes  No If not, what is the outstanding balance? \$ \_\_\_\_\_

Do you reside at this property?  Yes  No How long have you owned the property? \_\_\_\_\_

**Note: If there are liens or judgments against the property you are not eligible for this program. This does not include your mortgage.**

## 5. Describe in detail the exterior improvements you wish to make to your property.

(If you need more space please attach a separate sheet. See also the Spruce Up Program brochure for a description of eligible exterior improvements.)

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## 6. Read the declaration and consent

**Note: All persons identified as owners of the property must read this consent and sign the application form.**

I certify and declare that all the information contained in this application is complete and accurate in every respect. I am aware that the discovery of any false statements made in the application may result in the cancellation of this application and I agree that such action by Housing Nova Scotia will be without penalty or liabilities for damages.

I give permission to Housing Nova Scotia or its authorized representatives or agents to obtain or confirm my property and liabilities by carrying out any necessary inquiries to the Halifax Regional Municipality or the Nova Scotia Land Registry in order to determine my eligibility to receive program funding.

I hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by Housing Nova Scotia, or its authorized representatives is for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

I hereby acknowledge that any work carried out before I receive written confirmation of approval is not eligible for assistance.

I understand that all contractual arrangements will be between me and the contractor.

I understand that site visits may be carried out to ensure the work performed has been completed, but that Housing Nova Scotia does not guarantee any aspect of the work, including the materials and workmanship.

I understand that this application does not obligate Housing Nova Scotia to approve program funding.

I understand that Housing Nova Scotia will keep the information provided on this form confidential and will use it and disclose only according to the provisions of the *Freedom of Information and Protection of Privacy Act*.

I understand that the work carried out under this program must be completed and receipts and invoices submitted for payment on or before November 30, 2017, and that payment of receipts and invoices received after this date will not be advanced.

## 7. Sign the application

Name – Applicant #1 (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name – Applicant #2 (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. Review Checklist - Attachments

Please attach the following documents so that we may assess your eligibility for our program. Incomplete or missing documents will delay your eligibility assessment. We may ask you for additional documents during the approval process.

Municipal taxes: Submit proof that municipal taxes have been paid. Submit a copy of the most recent municipal property tax bill, or if your property taxes have not been paid in full, a letter from the Regional Municipality indicating that suitable arrangements to pay the taxes are in place.

Photographs: Submit photographs of the property showing the current condition of the exterior property to be improved including a photograph showing the property's civic address. Electronic copies of the photographs may be sent to – [Tuftscovespruceup@novascotia.ca](mailto:Tuftscovespruceup@novascotia.ca) and please include reference to your civic address.

Estimates for requested improvements: If the estimate is \$3,000 or less, one estimate is required. If the estimate is greater than \$3,000, two estimates are required.

## 9. Return the application to us:

Housing Nova Scotia  
Housing Services, Central Regional Office  
P.O. Box 2462  
Halifax, N.S. B3J 3E4

## 10. Program information - Questions

For any questions, you may reach Housing Services, Central Regional Office at:

Office Telephone Number: 902-424-5110  
Toll Free: 1-800-774-5130  
Fax: 902-424-2091  
Email: [Tuftscovespruceup@novascotia.ca](mailto:Tuftscovespruceup@novascotia.ca)

### For Housing Nova Scotia Use Only

Case #: \_\_\_\_\_

Ownership:  Yes  No      Liens or judgments:  Yes  No

Requested grant amount: \_\_\_\_\_ Recommended grant amount: \_\_\_\_\_

Any previous Housing Nova Scotia assistance: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Program Manager or Designate – Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_