

Application for Housing

Please fill out ALL sections of this application.

How to return your application:

By Email: CHA.application@novascotia.ca

By Fax: 902-667-1686 (Amherst)
902-897-1149 (Truro)

In-Person

144 Victoria St. East, Amherst
9 Church St., Truro

By Mail: Cobequid Housing Authority

PO Box 753 9 Church St.
Amherst, NS Truro, NS
B4H 4B9 B2N 3Z5

Questions? Call 902-667-8757 (Amherst) or 902-893-7235 (Truro)

1. Are you eligible?

Eligibility requirements:

- Total household income before deductions for all household members must be less than the maximum for our programs (reported in Section 4).
- You and every member of your household must be a permanent legal resident of Canada or have permanent resident status.
- You are not currently living in housing owned and operated by Housing Nova Scotia and are not receiving a rent supplement.
- If you owe money to any Housing Authority, you must be willing to repay that money over time.
- For most units, you must have lived in the municipality where you are applying for 12 consecutive months during the last 23 months; or, you must have lived in the municipality for 5 straight years since you turned 18.

2. How to fill out this application

- Complete every section to have your application processed. If you have any questions, please contact us at the email or phone number above and we can help you.
- Please keep copies of income supporting documents. We will request them later to verify the information you provided.
- **Read Section 7 - Declaration and Consent.** It is your legal promise that the information you provide is truthful. If you have a spouse or co-applicant, both of you must sign this section and initial each statement.

A good thing to know... *This program is designed to help Nova Scotians with low and moderate incomes with affordable, safe and stable housing. Once approved, applicants are placed on a waitlist. Applicants are matched with a home in their identified area when there is a vacancy. Please note Housing Nova Scotia does not offer emergency housing.*

3. Household Information

Your spouse is the person you are married to or live with in a marriage-like relationship (common-law). Your spouse is your co-applicant. **Any other adult who will sign the lease is also a co-applicant.**

'Relationship to Applicant' means how the person is related to you. For example: child, brother, sister, parent, etc.

'Status in Canada' refers to whether you are a Canadian Citizen or Permanent Resident.

Name (First, Middle, and Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant	Status in Canada (Citizen or Perm. Resident)	Social Insurance Number (SIN)	Student (Y/N)
	mm/dd/yyyy	Applicant		/ /	
	mm/dd/yyyy	Co-applicant		/ /	
	mm/dd/yyyy			/ /	
	mm/dd/yyyy			/ /	
	mm/dd/yyyy			/ /	
	mm/dd/yyyy			/ /	

Current Address & Contact Information

Street No.	Street Name	Apt. No.	City/Town
Province	Postal Code	Email	
Work Telephone	Home Telephone	Cellular	

Mailing Address (if different than current address)

Street No.	Street Name	Apt. No.	City/Town
Postal Code	Province		

How do you prefer to be contacted? Email Mail Telephone

Can we safely contact you using the phone number, address and email address above? Yes No

If no, please provide details on how we can contact you safely:

Alternate Contact:

Name:	Relationship to you:
Email:	Telephone:

4. Income Information

Please provide all MONTHLY income for everyone in the household. If you need more space, please use a separate piece of paper.

	Household Member Name	Household Member Name	Household Member Name	Household Member Name
Income Type	Amount	Amount	Amount	Amount
Gross Employment Income (before deductions)				
Canada Pension Plan (CPP)				
Canada Pension Plan – Disability (CPP-D)				
Foster Child Payments				
Capital Gains				
Dividends				
Employment Insurance				
Gratuities				
Immigrant Sponsorship				
Income Assistance				
Interest				
Investment Income				
Long-term Disability Income (do not include Child Disability Benefit (CDB))				
Old Age Security (OAS) / Guaranteed Income Support (GIS) / Spousal Allowance				
Other Country Social Security				
Other Income (do not include GST Tax Credit or Affordable Living Tax Credit).				
Other Pension				
Rental income				
RRSP/RIF				
Human Resource Development Canada programs including Self-Employment Benefit (SEB) Program / Training Allowances, Skills Development Program				
Spousal Support (Alimony)				
Student Loan				
Veteran Pensions & Allowance (do not include Veterans Disability Pension (VDP))				
Workers' Compensation				
TOTAL Monthly Income				

5. Housing Needs

Present Living Situation Own Rent Temporary Homeless Shelter Boarder

Monthly Housing Expenses: Please include monthly mortgage payment or monthly rent and average monthly costs for electricity, water, heating fuel and taxes, as applicable: \$_____

Number of bedrooms requested 1 2 3 4 5 6

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you currently fleeing domestic violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently required to live in a location close to life-sustaining health services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently occupying inadequate housing which poses an immediate health and/or safety risk? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have checked 'Yes' to question 1, 2, or 3 above, please provide more details below:

Accessibility Needs

- | | Yes | No |
|--|--------------------------|--------------------------|
| Does anyone in your household live with a physical disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, does your household require any of the following: | | |
| Wheelchair access? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground floor unit because of inability to climb stairs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Specially modified unit for paraplegia or other serious mobility issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing impaired unit | <input type="checkbox"/> | <input type="checkbox"/> |
| Visually impaired unit | <input type="checkbox"/> | <input type="checkbox"/> |

Rental History

Have you been a client of any Housing Authority in Nova Scotia before (e.g. tenant or funding recipient)? Yes No

6. Support Services & Other Details

Are you receiving any services that might restrict where you live? Yes No

Specify_____

Do you currently have home support services? Yes No

Specify_____

Does anyone in your household smoke? Yes No

Do you have pets? Yes No

Specify number and type _____

Do you own a vehicle? Yes No

A good thing to know... *To be eligible for housing, applicants must meet the eligibility criteria and confirm their information every year. You will need to provide any changes to your household information, income or contact information to update your application. We need up to date contact information to reach you. If we can't reach you, we may cancel your application (you can apply again at any time).*

7. Declaration and Consent

This document creates legal obligations for you. Please read it carefully. The applicant and any co-applicant must initial on each line to show that you have read and understand each statement. Both the applicant and any co-applicant(s) must also sign below.

Initials please ***I (we), the person(s) who signed below, declare:***

- _____ _____ 1. The information I (we) provided in this application form is complete and true, and I (we) will provide documents to prove this information when requested by the Housing Authority.
- _____ _____ 2. I (we) meet the Eligibility Requirements as stated in the application, and understand this Application is meant solely to assess my (our) eligibility for housing.
- _____ _____ 3. I (we) understand that information provided in this application will be re-confirmed with me (us) each year by the Housing Authority and that additional information will be collected at a later date.
- _____ _____ 4. I (we) must advise the Housing Authority if any information (e.g., address, income) in this application changes as it may affect my (our) eligibility for housing.
- _____ _____ 5. I (we) understand I (we) may not be offered housing for a period of time.
- _____ _____ 6. I (we) understand that I (we) are not eligible to make an application for housing if I (we) are currently in receipt of a Rent Supplement or the Canada-Nova Scotia Targeted Housing Benefit.
- _____ _____ 7. I (we) give permission to the Housing Authority to investigate any or all statements I (we) made on this application. This includes contacting me or any other person, in person or otherwise, and collecting additional information with or without notice to me. If the Housing Authority finds any false or misleading statements, the Housing Authority may cancel this application. I (we) cannot hold the Housing Authority liable for damages.
- _____ _____ 8. I (we) authorize the Housing Authority to collect, use, keep, disclose and dispose of personal information about me (us), in order to:
- a) Assess my (our) application and decide if I (we) am eligible for Public and/or Affordable Housing;
- b) Research, monitor, assess and promote programs;
- c) Detect, investigate and respond to fraud and illegal activity; and,
- d) Otherwise as allowed under the Nova Scotia *Freedom of Information and Protection of Privacy Act*.
- _____ _____ 9. I (we) authorize the Housing Authority to reveal personal information about me (us) to third parties, for any of the above reasons.
- _____ _____ 10. I (we) give permission to any person or entity to reveal personal information about me (us) to the Housing Authority for any of the above reasons.
- _____ _____ 11. I (we) understand all these statements and have asked for and received an explanation on every point that was not clear to me (us).

Applicant's Signature: _____

Co-Applicant's Signature: _____

Application Date: _____

8. Canada Revenue Agency Consent Form

To be signed by all household members with Income Information completed in the application.

Subsection 8(2)(b) of the Privacy Act allows the disclosure of personal information for any purpose in accordance with any Act of Parliament or any regulation made thereunder that authorizes its disclosure.

I/we hereby consent to the release, by the Canada Revenue Agency to the Nova Scotia Department of Municipal Affairs and Housing, and Housing Nova Scotia, of information about my/our income.

I/we understand and accept that this information will be used for the purpose of determining and verifying my/our eligibility for housing programs.

This authorization is valid for the taxation year prior to the year of signature and each subsequent taxation year for which assistance is requested by me/us.

I/we understand that if I/we wish to withdraw this consent, I/we may do so at any time by writing to the Executive Director at:

Housing NS
PO Box 702 Station Central
14th Floor – North, Maritime Centre,
1505 Barrington Street
Halifax NS, B3J 2T3

I/we understand all these statements and have asked for and received an explanation of every point that was not clear to me/us.

First and Last Name	DOB (DD/MM/YYYY)	SIN	Signature	Date

9. Building Selection

Housing Nova Scotia has a list of buildings in your area. Please indicate which buildings you would like to live in and attach it to this application. **You will only be placed on the waitlist for buildings you have selected.**

If you received this application by mail, please use the building list that is included. [The lists can also be found on the Housing website using this link.](#) Be sure to use the FAMILY or SENIOR list, as appropriate, for the **Housing Authority in your area.**

Please check the box below to confirm.

I (we) have included with this application Housing Nova Scotia's list of buildings and indicated my (our) selections.