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|----------------------------|
| For Office Use Only |
| Date: |
| Rec. By: |
| App #: |

Application for Housing

You must complete all sections of the application.

How to return your application:

By Email: EMHA.application@novascotia.ca

By Fax: 902-752-1315

By Mail: Eastern Mainland Housing Authority

In-Person

7 Campbell's Lane
New Glasgow, NS
B2H 2H9

7 Campbell's Lane, New Glasgow

Questions? Call 902-752-1225

1. Are you eligible?

Eligibility requirements:

- The total gross household income (income before deductions) for all household members is less than the maximum allowed for our programs (calculated in Section 4).
- You and every member of your household is either a permanent legal resident of Canada or have Permanent Resident status.
- You do not currently live in housing owned and operated by Housing Nova Scotia and are not receiving a rent supplement.
- If you owe money to the 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 twelve (12) consecutive months during the last twenty-three (23) months, or, must have lived in the municipality for five (5) consecutive years since you turned 18.

2. How to fill out this application

- Answer all the questions in every section of the form. If you cannot answer one or more questions, take note of all the questions you have and contact us at the email or phone number above.
- Copies of supporting documents will be requested at a later date to make sure the information provided is correct.
- Read **Section 7 - Declaration and Consent** carefully. It is your legal promise that the information you provide is truthful. You and your spouse/co-applicant (if you have one) must both sign Section 7 of the application and you both must initial each statement.

A good thing to know... *This program matches Nova Scotians with low and moderate incomes with safe, stable housing they can afford. It doesn't offer emergency housing like other organizations do. Eligible applicants are added to the housing waitlist and are matched with a home when there is a vacancy.*

3. Household Information

Please provide information about **yourself, your spouse and all other adults and children** who will live in your home. If you need more space, please use a separate piece of paper.

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' refers to how the person is related to you; for example: child, sibling, parent etc.

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

| Name (First, Middle, and Last) | Gender | 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(es) above? Yes No

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

Alternate Contact:

| | |
|--------|--|
| Name: | What is this Person's relationship to you? |
| Email: | Telephone: |

4. Income Information

Please state all MONTHLY income received by all persons/family members in the household BEFORE deductions and taxes. 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 | | | | |
| 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 | | | | |
| Old Age Security (OAS) / Guaranteed Income Support (GIS) / Spousal Allowance | | | | |
| Other Country Social Security | | | | |
| Other Income | | | | |
| 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 | | | | |
| 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 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, 3 or 4 above, we will need you to fill out some extra forms. For now, please provide more details below:

Accessibility Needs

- | | Yes | No |
|---|--------------------------|--------------------------|
| Does anyone in your household have a 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 due to inability to climb stairs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Specially modified unit to accommodate 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 currently that might restrict where you live? Yes No Specify_____ | Does anyone in your household smoke? Yes No |
| Do you currently have home support services? Yes No Specify_____ | 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 with this program, applicants have to meet the eligibility criteria and confirm their information every year. We need up-to-date contact information. If we cannot reach you, we will cancel your application (you may reapply). Also, you will be offered a maximum of three units that fit your requirements. If you refuse three units, your application will be cancelled or moved to the bottom of the waitlist. Every unit is self-contained with a stove and fridge.*

7. Declaration and Consent

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

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: _____

Witnessed By: _____

(Signature)

(Name of Witness Printed)

Application Date: _____

8. Canada Revenue Agency Consent Form

To be signed by all household members with Income Information completed in the applicable 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 Infrastructure & Housing, Housing Nova Scotia, and provincial housing authorities, 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 Director of the Housing Authority at the address noted on page 1 of this application OR the Manager for Rent Supplement program.

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 (day/month/year) | SIN | Signature | Date |
|---------------------|----------------------|-----|-----------|------|
| | | | | |
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